

1           **\*-0028/6.66\* SECTION 1449.** 49.45 (6w) (d) of the statutes is amended to read:

2           49.45 (6w) (d) If the federal department of health and human services approves  
3           for state expenditure in a fiscal year amounts under s. 20.435 (5) (4) (o) that result  
4           in a lesser allocation amount than that allocated under this subsection or disallows  
5           use of the allocation of federal medicaid funds under par. (c), reduce allocations under  
6           this subsection and distribute on a prorated basis, as determined by the department.

7           **\*-0028/6.67\* SECTION 1450.** 49.45 (6x) (a) of the statutes is amended to read:

8           49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations under s.  
9           20.435 (5) (4) (b) and (o) the department shall distribute not more than \$4,748,000  
10          in each fiscal year, to provide funds to an essential access city hospital, except that  
11          the department may not allocate funds to an essential access city hospital to the  
12          extent that the allocation would exceed any limitation under 42 USC 1396b (i) (3).

13          **\*-0028/6.68\* SECTION 1451.** 49.45 (6x) (d) of the statutes is amended to read:

14          49.45 (6x) (d) If the federal department of health and human services approves  
15          for state expenditure in any state fiscal year amounts under s. 20.435 (5) (4) (o) that  
16          result in a lesser distribution amount than that distributed under this subsection or  
17          disallows use of federal medicaid funds under par. (a), the department of health and  
18          family services shall reduce the distributions under this subsection.

19          **\*-0028/6.69\* SECTION 1452.** 49.45 (6y) (a) of the statutes is amended to read:

20          49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations under s.  
21          20.435 (5) (4) (b) and (o) the department shall distribute funding in each fiscal year  
22          to provide supplemental payment to hospitals that enter into a contract under s.  
23          49.02 (2) to provide health care services funded by a relief block grant, as determined  
24          by the department, for hospital services that are not in excess of the hospitals'  
25          customary charges for the services, as limited under 42 USC 1396b (i) (3). If no relief

1 block grant is awarded under this chapter or if the allocation of funds to such  
2 hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department  
3 may distribute funds to hospitals that have not entered into a contract under s. 49.02  
4 (2).

5 **\*-1393/2.3\* SECTION 1453.** 49.45 (6y) (am) of the statutes is created to read:

6 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations under s.  
7 20.435 (5) (b), (h) and (o) the department shall distribute funding in each fiscal year  
8 to provide supplemental payments to hospitals that enter into contracts under s.  
9 49.02 (2) with a county having a population of 500,000 or more to provide health care  
10 services funded by a relief block grant, as determined by the department, for hospital  
11 services that are not in excess of the hospitals' customary charges for the services,  
12 as limited under 42 USC 1396b (i) (3).

13 **\*-1393/2.4\* SECTION 1454.** 49.45 (6y) (b) of the statutes is amended to read:

14 49.45 (6y) (b) The department need not promulgate as rules under ch. 227 the  
15 procedures, methods of distribution and criteria required for distribution under ~~par.~~  
16 pars. (a) and (am).

17 **\*-0028/6.70\* SECTION 1455.** 49.45 (6z) (a) (intro.) of the statutes is amended  
18 to read:

19 49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriations  
20 under s. 20.435 ~~(5)~~ (4) (b) and (o) the department shall distribute funding in each  
21 fiscal year to supplement payment for services to hospitals that enter into a contract  
22 under s. 49.02 (2) to provide health care services funded by a relief block grant under  
23 this chapter, if the department determines that the hospitals serve a  
24 disproportionate number of low-income patients with special needs. If no medical  
25 relief block grant under this chapter is awarded or if the allocation of funds to such

1 hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department  
2 may distribute funds to hospitals that have not entered into a contract under s. 49.02  
3 (2). The department may not distribute funds under this subsection to the extent  
4 that the distribution would do any of the following:

5 **\*-0028/6.71\* SECTION 1456.** 49.45 (8) (b) of the statutes is amended to read:

6 49.45 (8) (b) Reimbursement under s. 20.435 (5) (4) (b) and (o) for home health  
7 services provided by a certified home health agency or independent nurse shall be  
8 made at the home health agency's or nurse's usual and customary fee per patient care  
9 visit, subject to a maximum allowable fee per patient care visit that is established  
10 under par. (c).

11 **\*-1098/3.16\* SECTION 1457.** 49.45 (13) (a) of the statutes is amended to read:

12 49.45 (13) (a) The department may require ~~service~~ providers to prepare and  
13 submit cost reports or financial reports for purposes of rate certification under Title  
14 XIX of the federal Social Security Act, cost verification, fee schedule determination  
15 or research and study purposes. These financial reports may include independently  
16 audited financial statements ~~which shall include, including~~ balance sheets and  
17 statements of revenues and expenses. The department may withhold  
18 reimbursement or may decrease or not increase reimbursement rates if a provider  
19 does not submit the reports required under this paragraph within the period  
20 specified by the department or if the costs on which the reimbursement rates are  
21 based cannot be verified from the provider's cost or financial reports ~~or records from~~  
22 ~~which the reports are derived~~.

23 **\*-1098/3.17\* SECTION 1458.** 49.45 (13) (b) of the statutes is amended to read:

24 49.45 (13) (b) The In addition to the remedies specified under par. (a), the  
25 department may require any provider who fails to submit a cost report or financial

1 report under par. (a) within the period specified by the department to forfeit not less  
2 than \$10 nor more than \$100 for each day the provider fails to submit the report. A  
3 provider may contest the imposition of a forfeiture under this paragraph by  
4 submitting a written request for a hearing under s. 227.44 to the department within  
5 10 days following the date on which the provider received notice of the forfeiture.

6 **\*-1098/3.18\* SECTION 1459.** 49.45 (21) (a) of the statutes is renumbered 49.45  
7 (21) (a) (intro.) and amended to read:

8 49.45 (21) (a) (intro.) ~~If any~~ Before a provider liable for repayment of improper  
9 ~~or erroneous payments or overpayments under ss. 49.43 to 49.497~~ sells or otherwise  
10 transfers ownership of his or her business or all or substantially all of the assets of  
11 the business, ~~the transferor and transferee are each liable for the repayment. Prior~~  
12 ~~to final transfer, the transferee is responsible for contacting the department and~~  
13 ~~ascertaining if the transferor is liable under this paragraph.~~ all of the following shall  
14 take place:

15 **\*-1098/3.19\* SECTION 1460.** 49.45 (21) (a) 1. to 6. of the statutes are created  
16 to read:

17 49.45 (21) (a) 1. The provider shall notify the department of the proposed sale  
18 or other transfer.

19 2. Upon notification under subd. 1., the department shall inform the provider  
20 of the extent of the provider's liability, if any, for repayment of improper or erroneous  
21 payments or overpayments under ss. 49.43 to 49.497.

22 3. If the department informs the provider under subd. 2. that the provider has  
23 liability, the provider shall so inform the prospective buyer or other transferee.

24 4. If the provider informs the prospective buyer or other transferee under subd.  
25 3., joint and several liability for the repayment attaches to the provider and to the

1 prospective buyer or other transferee and the sale or other transfer is conditioned  
2 upon repayment.

3 5. If the provider fails to notify the prospective buyer or other transferee under  
4 subd. 3., no liability for the repayment attaches to the prospective buyer or other  
5 transferee.

6 6. The provider and, if subd. 4. applies, the prospective buyer or other  
7 transferee shall repay the amount of improper or erroneous payments or  
8 overpayments under ss. 49.43 to 49.497 for which the provider and, if subd. 4.  
9 applies, the prospective buyer or other transferee have liability.

10 **\*-1098/3.20\* SECTION 1461.** 49.45 (21) (b) of the statutes is amended to read:

11 49.45 (21) (b) If a sale or other transfer specified in par. (a) occurs and the  
12 applicable amount under par. (a) has not been repaid, the ~~department may proceed~~  
13 ~~against either the transferor or the transferee. Within 30 days after receiving notice~~  
14 ~~from the department, the transferor or the transferee shall pay the amount in full.~~  
15 Upon failure to comply, the sale or other transfer is void. The department may bring  
16 an action to compel payment. If a transferor fails to pay within 90 days after  
17 receiving notice from the department, the department or may proceed under sub. (2)  
18 (a) 12., or both.

19 **\*-1301/3.1\* SECTION 1462.** 49.45 (24h) of the statutes is created to read:

20 49.45 (24h) PAYMENT RATES FOR DENTAL SERVICES. (a) From the appropriation  
21 under s. 20.435 (5) (b), the department shall provide an increase in the rate of  
22 payment to providers of dental services specified under ss. 49.46 (2) (b) 1. and 49.47  
23 (6) (a) 1. who provide the services on a fee-for-service basis. For state fiscal year  
24 1999-2000, the total increase is an amount equal to the lesser of 10% over that paid  
25 from this appropriation for the dental services in state fiscal year 1998-99 or

1     \$1,225,300. For state fiscal year 2000–01, the total increase is an amount equal to  
2     the least of all of the following:

3             1. Ten percent over the amount paid for the dental services from the  
4     appropriation in state fiscal year 2000–01.

5             2. An amount equal to \$1,504,200.

6             3. Whatever percentage over the amount paid for the dental services from the  
7     appropriation in state fiscal year 2000–01 equals the percentage of increase in the  
8     number of medical assistance recipients receiving dental services on a  
9     fee-for-service basis in state fiscal year 2000–01 over the number receiving dental  
10    services on a fee-for-service basis in state fiscal year 1999–2000. By September 1,  
11    2000, the department shall determine the percentage figure under this paragraph.

12            (b) Calculation of the payments under this subsection excludes estimated  
13    changes in total payments reflected in the intentions of the joint committee on  
14    finance, legislature and governor as expressed by them in the budget determinations  
15    attributable to changes in recipient utilization of dental services provided on a  
16    fee-for-service basis.

17            \*–0028/6.72\* **SECTION 1463.** 49.45 (24m) (intro.) of the statutes is amended to  
18    read:

19            49.45 (24m) HOME HEALTH CARE AND PERSONAL CARE PILOT PROGRAM. (intro.)  
20    From the appropriations under s. 20.435 (5) (4) (b) and (o), in order to test the  
21    feasibility of instituting a system of reimbursement for providers of home health care  
22    and personal care services for medical assistance recipients that is based on  
23    competitive bidding, the department shall:

24            \*–0287/P1.1\* **SECTION 1464.** 49.45 (25m) of the statutes is created to read:

1           49.45 (25m) MANAGED CARE FOR CHILDREN IN FOSTER CARE. The department may  
2           request a waiver from the secretary of the federal department of health and human  
3           services to allow the department to require a child who is in foster care to enroll in  
4           a managed care plan as a condition of receiving medical assistance. If the waiver is  
5           granted and in effect, the department may require a child who is in foster care to  
6           enroll in a managed care plan as a condition of receiving medical assistance.

7           \*-0315/4.1\* SECTION 1465. 49.45 (46) of the statutes is created to read:

8           49.45 (46) ALCOHOL AND OTHER DRUG ABUSE RESIDENTIAL TREATMENT SERVICES. (a)  
9           If a county, city, town or village elects to become certified as a provider of alcohol and  
10          other drug abuse residential treatment services or to contract with a certified  
11          provider to provide the services, the county, city, town or village may provide directly  
12          or under contract alcohol and other drug abuse residential treatment services in  
13          facilities with fewer than 16 beds under this subsection in the county, city, town or  
14          village to medical assistance recipients through the medical assistance program. A  
15          county, city, town or village that elects to provide or to contract for the services shall  
16          pay the amount of the allowable charges for the services under the medical  
17          assistance program that is not provided by the federal government. The department  
18          shall reimburse the county, city, town or village under this subsection only for the  
19          amount of the allowable charges for those services under the medical assistance  
20          program that is provided by the federal government.

21          (b) This subsection does not apply after July 1, 2003.

22          \*-0321/5.2\* SECTION 1466. 49.45 (47) of the statutes is created to read:

23          49.45 (47) ADULT DAY CARE CENTERS. (a) In this subsection, "adult day care  
24          center" means an entity that provides services for part of a day in a group setting to

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1 adults who need an enriched health-supportive or social experience and who may  
2 need assistance with activities of daily living, supervision or protection.

3 (b) No person may receive reimbursement under s. 46.27 (11) for the provision  
4 of services to clients in an adult day care center unless the adult day care center is  
5 certified by the department under sub. (2) (a) 11. as a provider of medical assistance.

6 (c) The biennial fee for the certification required under par. (b) of an adult day  
7 care center is \$100, plus a biennial fee of \$20 per client, based on the number of  
8 clients that the adult day care center is certified to serve. Fees collected under this  
9 paragraph shall be credited to the appropriation account under s. 20.435 (6) (jm).

10 (d) The department, by rule, may increase any fee specified in par. (c).

11 \*-0263/2.1\* SECTION 1467. 49.453 (4) (title) of the statutes is amended to read:

12 49.453 (4) (title) IRREVOCABLE ANNUITIES, PROMISSORY NOTES AND SIMILAR  
13 TRANSFERS.

14 \*-0263/2.2\* SECTION 1468. 49.453 (4) (a) of the statutes is renumbered 49.453

15 (4) (a) (intro.) and amended to read:

16 49.453 (4) (a) (intro.) For the purposes of sub. (2), whenever a covered  
17 individual or his or her spouse, or another person acting on behalf of the covered  
18 individual or his or her spouse, transfers assets to an irrevocable annuity, or  
19 transfers assets by promissory note or similar instrument, in an amount that exceeds  
20 the expected value of the benefit, the covered individual or his or her spouse transfers  
21 assets for less than fair market value. A transfer to an annuity, or a transfer by  
22 promissory note or similar instrument, is not in excess of the expected value only if  
23 all of the following are true:

24 \*-0263/2.3\* SECTION 1469. 49.453 (4) (a) 1. and 2. of the statutes are created  
25 to read:



1           49.453 (4) (a) 1. The periodic payments back to the transferor include principal  
2           and interest that, at the time that the transfer is made, is at least at the prime  
3           lending rate as reported by the federal reserve board in federal statistical release H.  
4           15.

5           2. The terms of the instrument provide for a payment schedule that includes  
6           equal periodic payments, except that payments may be unequal if the interest  
7           payments are tied to the prime lending rate, as reported by the federal reserve board  
8           in federal statistical release H. 15., and the inequality is caused exclusively by  
9           fluctuations in that rate.

10          \***-0263/2.4\*** **SECTION 1470.** 49.453 (4) (c) of the statutes is amended to read:

11           49.453 (4) (c) The department shall promulgate rules specifying the method to  
12           be used in calculating the expected value of the benefit, based on 26 CFR 1.72-1 to  
13           1.72-18, and specifying the criteria for adjusting the expected value of the benefit  
14           based on a medical condition diagnosed by a physician before the assets were  
15           transferred to the annuity, or transferred by promissory note or similar instrument.

16          \***-0261/2.1\*** **SECTION 1471.** 49.46 (1p) of the statutes is created to read:

17           49.46 (1p) **DEMONSTRATION PROJECT FOR PERSONS WITH HIV.** The department  
18           shall request a waiver from the secretary of the federal department of health and  
19           human services to allow the department to provide under this section coverage of  
20           services specified under sub. (2) (b) 17. for persons who have HIV infection, as defined  
21           in s. 252.01 (2). If a waiver is granted and in effect, the department shall provide  
22           coverage for the services specified under sub. (2) (b) 17. for persons who qualify under  
23           the terms of the waiver.

24          \***-0030/P4.73\*** **SECTION 1472.** 49.46 (2) (b) 8. of the statutes is amended to  
25           read:

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49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27 (11), 46.275, 46.277 or 46.278 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c).

**\*-0261/2.2\* SECTION 1473.** 49.46 (2) (b) 17. of the statutes is created to read:

49.46 (2) (b) 17. If a waiver under sub. (1p) is granted and in effect, clinical evaluation services, as defined by the department, for persons who qualify for coverage under sub. (1p), not to exceed \$500 per year per person.

**\*-0315/4.2\* SECTION 1474.** 49.46 (2) (b) 18. of the statutes is created to read:

49.46 (2) (b) 18. Alcohol or other drug abuse residential treatment services of no more than 45 days per treatment episode, under s. 49.45 (46). This subdivision does not apply after July 1, 2003.

**\*-0030/P4.74\* SECTION 1475.** 49.47 (4) (as) 1. of the statutes is amended to read:

49.47 (4) (as) 1. The person would meet the financial and other eligibility requirements for home or community-based services under s. 46.27 (11) or 46.277 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c) but for the fact that the person engages in substantial gainful activity under 42 USC 1382c (a) (3).

**\*-0030/P4.75\* SECTION 1476.** 49.47 (4) (as) 3. of the statutes is amended to read:

49.47 (4) (as) 3. Funding is available for the person under s. 46.27 (11) or 46.277 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (c).

**\*-0266/1.4\* SECTION 1477.** 49.472 of the statutes is created to read:

**49.472 Medical assistance purchase plan. (1) DEFINITIONS.** In this section:

(a) "Earned income" has the meaning given in 42 USC 1382a (a) (1).

1 (am) "Family" means an individual, the individual's spouse and any dependent  
2 child, as defined in s. 49.141 (1) (c), of the individual.

3 (b) "Health insurance" means surgical, medical, hospital, major medical or  
4 other health service coverage, including a self-insured health plan, but does not  
5 include hospital indemnity policies or ancillary coverages such as income  
6 continuation, loss of time or accident benefits.

7 (c) "Independence account" means an account approved by the department that  
8 consists solely of savings, and dividends or other gains derived from those savings,  
9 from income earned from paid employment after the initial date that an individual  
10 began receiving medical assistance under this section.

11 (d) "Medical assistance purchase plan" means medical assistance, eligibility for  
12 which is determined under this section.

13 (e) "Unearned income" has the meaning given in 42 USC 1382a (a) (2).

14 (2) WAIVERS AND AMENDMENTS. The department shall submit to the federal  
15 department of health and human services an amendment to the state medical  
16 assistance plan, and shall request any necessary waivers from the secretary of the  
17 federal department of health and human services, to permit the department to  
18 expand medical assistance eligibility as provided in this section. If the state plan  
19 amendment and all necessary waivers are approved and in effect, the department  
20 shall implement the medical assistance eligibility expansion under this section not  
21 later than January 1, 2000, or 3 months after full federal approval, whichever is  
22 later.

23 (3) ELIGIBILITY. Except as provided in sub. (6) (a), an individual is eligible for  
24 and shall receive medical assistance under this section if all of the following  
25 conditions are met:

1           (a) The individual's net income, including income that would be deemed to the  
2 individual under 20 CFR 416.1160, is less than 250% of the poverty line for a family  
3 the size of the individual's family. In calculating the net income, the department  
4 shall disregard the income specified under 42 USC 1382a (b).

5           (b) The individual's assets do not exceed \$20,000. In determining assets, the  
6 department may not include assets that are excluded from the resource calculation  
7 under 42 USC 1382b (a) or assets accumulated in an independence account. The  
8 department may exclude, in whole or in part, the value of a vehicle used by the  
9 individual for transportation to paid employment.

10          (c) The individual would be eligible for supplemental security income for  
11 purposes of receiving medical assistance but for evidence of work, attainment of the  
12 substantial gainful activity level, earned income in excess of the limit established  
13 under 42 USC 1396d (q) (2) (B) and unearned income that is disregarded under sub.  
14 (4) (a) 2.

15          (e) The individual is legally able to work in all employment settings without  
16 a permit under s. 103.70.

17          (f) The individual maintains premium payments calculated by the department  
18 in accordance with sub. (4), unless the individual is exempted from premium  
19 payments under sub. (4) (b) or (c) or (5).

20          (g) The individual is engaged in gainful employment or is participating in a  
21 program that is certified by the department to provide health and employment  
22 services that are aimed at helping the individual achieve employment goals.

23          (h) The individual meets all other requirements established by the department  
24 by rule.

1           (4) PREMIUMS. (a) Except as provided in par. (b) and sub. (5), an individual who  
2 is eligible for medical assistance under sub. (3) and receives medical assistance shall  
3 pay a monthly premium to the department. The department shall establish the  
4 monthly premiums by rule in accordance with the following guidelines:

5           1. The premium for any individual may not exceed the sum of the following:

6           a. Three and one-half percent of the individual's earned income.

7           b. One hundred percent of the individual's unearned income after the  
8 deductions specified in subd. 2.

9           2. In determining an individual's unearned income under subd. 1., the  
10 department shall disregard all of the following:

11           a. A maintenance allowance established by the department by rule. The  
12 maintenance allowance may not be less than the sum of \$20, the federal  
13 supplemental security income payment level determined under 42 USC 1382 (b) and  
14 the state supplemental payment determined under s. 49.77 (2m).

15           b. Medical and remedial expenses and impairment-related work expenses.

16           3. The department may reduce the premium by 25% for an individual who is  
17 covered by private health insurance.

18           (b) The department may waive monthly premiums that are calculated to be  
19 below \$10 per month.

20           (c) The department shall assess a one-time entry premium based on a sliding  
21 scale established by the department by rule and according to an individual's gross  
22 income. In calculating an individual's gross income, the department may treat  
23 earned and unearned income differently. The department may waive all or part of  
24 the entry premium, or extend the time period for payment of the entry premium, for  
25 an individual if the department determines that any of the following is true:

1           1. Assessment of the premium would impose an undue hardship on the  
2 individual and, would fail to remove barriers to employment for the individual or  
3 would fail to increase access to health care for the individual.

4           2. Assessment of the premium would reduce the cost-effectiveness of the  
5 medical assistance purchase plan.

6           **(5) COMMUNITY OPTIONS PARTICIPANTS.** From the appropriation under s. 20.435  
7 (7) (bd), the department shall pay the entry premium established under sub. (4) (c)  
8 for a person who is a participant in the community options program under s. 46.27  
9 (7), and may pay the entry premium calculated under sub. (4) (c) or the monthly  
10 premium calculated under sub. (4) (a), for an individual who is a participant in the  
11 community options program under s. 46.27 (11). No individual who is a participant  
12 in the community options program under s. 46.27 (11) may be required to pay a  
13 monthly premium calculated under sub. (4) (a) if the individual pays the amount  
14 calculated under s. 46.27 (6u) (c) 2.

15           **(6) INSURED PERSONS.** (a) Notwithstanding sub. (4) (a) 3., from the  
16 appropriation under s. 20.435 (5) (b), the department shall, on the part of an  
17 individual who is eligible for medical assistance under sub. (3), pay premiums for or  
18 purchase individual coverage offered by the individual's employer if the department  
19 determines that paying the premiums for or purchasing the coverage will not be more  
20 costly than providing medical assistance.

21           (b) If federal financial participation is available, from the appropriation under  
22 s. 20.435 (5) (b), the department may pay medicare Part A and Part B premiums for  
23 individuals who are eligible for medicare and for medical assistance under sub. (3).

24           **(7) DEPARTMENT DUTIES.** The department shall do all of the following:

1 (a) Determine eligibility, or contract with a county department, as defined in  
2 49.45 (6c)(a) 3., or with a tribal governing body to determine eligibility, of individuals  
3 for the medical assistance purchase plan in accordance with sub. (3).

4 (b) Ensure, to the extent practicable, continuity of care for a medical assistance  
5 recipient under this section who is engaged in paid employment, or is enrolled in a  
6 home-based or community-based waiver program under section 1915 (c) of the  
7 Social Security Act, and who becomes ineligible for medical assistance.

8 **\*-0028/6.73\* SECTION 1478.** 49.475 (5) of the statutes is amended to read:

9 49.475 (5) REIMBURSEMENT OF COSTS. From the appropriations under s. 20.435  
10 ~~(1)~~ (4) (bm) and (p), the department shall reimburse an insurer that provides  
11 information under this section for the insurer's reasonable costs incurred in  
12 providing the requested information, including its reasonable costs, if any, to develop  
13 and operate automated systems specifically for the disclosure of information under  
14 this section.

15 **\*-0498/1.1\* SECTION 1479.** 49.475 (6) of the statutes is created to read:

16 49.475 (6) SHARING INFORMATION. The department may provide to the  
17 department of workforce development any information that the department receives  
18 under this section. The 2 departments shall agree on procedures and methods to  
19 adequately safeguard the confidentiality of the information provided.

20 **\*-1098/3.21\* SECTION 1480.** 49.489 of the statutes is created to read:

21 **49.489 False claims or statements prohibited.** (1) In this section:

22 (a) "Claim" means a request submitted by a provider for payment for services  
23 or items furnished by the provider under the medical assistance program.

(b) "Statement" means a representation, certification, affirmation, document, record or accounting or bookkeeping entry made with respect to a claim or to obtain approval or payment of a claim.

(2) No provider may submit a claim or cause a claim to be submitted if the provider knows or should know any of the following:

(a) That the claim is false.

(b) That the claim includes or is supported by a written statement that asserts a material fact that is false.

(c) That the claim includes or is supported by a written statement that omits a material fact that the provider has a duty to include and, by reason of the omission, is false.

(3) No provider may make or cause to be made a written statement that contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the statement if the provider knows or should know any of the following:

(a) That the statement asserts a material fact that is false.

(b) That the statement omits a material fact that the provider has a duty to include and, by reason of the omission, is false.

(4) For purposes of subs. (2) and (3), all of the following apply:

(a) Each claim form constitutes a separate claim.

(b) Each representation, certification, affirmation, document, record or accounting or bookkeeping entry constitutes a separate statement.

(c) A claim is subject to this section regardless of whether the claim is actually paid.

(d) A claim is considered to be made when it is received by the fiscal agent.



1           (e) Except as provided in par. (f), a statement is considered to be made when  
2 it is received by the fiscal agent.

3           (f) A statement that is not submitted to a fiscal agent but is retained by the  
4 provider to support a claim is considered to be made when it is entered in the  
5 provider's books, files or other records.

6           (5) Any person who violates sub. (2) or (3) may be required to forfeit not more  
7 than \$5,000 for each offense.

8           (6) If the department assesses a forfeiture under sub. (5) for a violation of sub.  
9 (2), the department may impose on the violator, in addition to the forfeiture, a false  
10 claim surcharge in an amount that is not more than 200% of the amount of the claim  
11 in regard to which sub. (2) was found to have been violated.

12           (7) The department may directly assess a forfeiture provided for in sub. (5).  
13 If the department determines that a forfeiture should be assessed for a particular  
14 violation, the department shall send a notice of assessment to the alleged violator.  
15 The notice shall specify the amount of the forfeiture assessed, the violation and the  
16 statute alleged to have been violated and shall inform the alleged violator of the right  
17 to a hearing under sub. (8).

18           (8) An alleged violator may contest an assessment of a forfeiture by sending,  
19 within 30 days after receipt of the notice under sub. (7), a written request for hearing  
20 under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1).  
21 The administrator of the division may designate a hearing examiner to preside over  
22 the case and recommend a decision to the administrator under s. 227.46. The  
23 decision of the administrator of the division shall be the final administrative  
24 decision. The division shall commence the hearing within 30 days after receipt of the  
25 request for hearing and shall issue a final decision within 15 days after the close of

1 the hearing. Proceedings before the division are governed by ch. 227. In any petition  
2 for judicial review of a decision by the division, the party, other than the petitioner,  
3 who was in the proceeding before the division shall be the named respondent.

4 (9) All forfeitures and false claim surcharges, if any, shall be paid to the  
5 department within 10 days after receipt of notice of assessment or, if the forfeiture  
6 is contested under sub. (8), within 10 days after receipt of the final decision after  
7 exhaustion of administrative review, unless the final decision is appealed. The  
8 department shall remit all forfeitures paid to the state treasurer for deposit in the  
9 school fund. The department shall credit all false claims surcharges to the  
10 appropriation account under s. 20.435 (1) (kx).

11 (10) The attorney general may bring an action in the name of the state to collect  
12 any forfeiture or false claim surcharge imposed under this section if the forfeiture or  
13 false claim surcharge has not been paid following the exhaustion of all  
14 administrative and judicial reviews. The only issue to be contested in any such action  
15 is whether the forfeiture or false claim surcharge has been paid.

16 \*-1295/2.5\* SECTION 1481. 49.496 (2) (title) of the statutes is amended to read:

17 49.496 (2) (title) LIENS ON THE HOMES OF NURSING HOME RESIDENTS AND INPATIENTS  
18 AT HOSPITALS.

19 \*-1295/2.6\* SECTION 1482. 49.496 (2) (a) of the statutes is amended to read:

20 49.496 (2) (a) Except as provided in par. (b), the department may obtain a lien  
21 on a recipient's home if the recipient resides in a nursing home, or if the recipient  
22 resides in a hospital and is required to contribute to the cost of care, and the recipient  
23 cannot reasonably be expected to be discharged from the nursing home or hospital  
24 and return home. The lien is for the amount of medical assistance paid on behalf of

1 the recipient ~~while the recipient resides in a nursing home~~ that is recoverable under  
2 sub. (3) (a).

3 **\*-1295/2.7\* SECTION 1483.** 49.496 (2) (b) 3. of the statutes is amended to read:

4 49.496 (2) (b) 3. The recipient's sibling who has an ownership interest in the  
5 home and who has lived in the home continuously beginning at least 12 months  
6 before the recipient was admitted to the nursing home or hospital.

7 **\*-1295/2.8\* SECTION 1484.** 49.496 (2) (c) 1. of the statutes is amended to read:

8 49.496 (2) (c) 1. Notify the recipient in writing of its determination that the  
9 recipient cannot reasonably be expected to be discharged from the nursing home or  
10 hospital, its intent to impose a lien on the recipient's home and the recipient's right  
11 to a hearing on whether the requirements for the imposition of a lien are satisfied.

12 **\*-1295/2.9\* SECTION 1485.** 49.496 (2) (f) 3. of the statutes is amended to read:

13 49.496 (2) (f) 3. A child of any age who resides in the home, if that child resided  
14 in the home for at least 24 months before the recipient was admitted to the nursing  
15 home or hospital and provided care to the recipient that delayed the recipient's  
16 admission to the nursing home or hospital.

17 **\*-1295/2.10\* SECTION 1486.** 49.496 (2) (f) 4. of the statutes is amended to read:

18 49.496 (2) (f) 4. A sibling who resides in the home, if the sibling resided in the  
19 home for at least 12 months before the recipient was admitted to the nursing home  
20 or hospital.

21 **\*-1295/2.11\* SECTION 1487.** 49.496 (2) (h) of the statutes is amended to read:

22 49.496 (2) (h) The department shall file a release of a lien imposed under this  
23 subsection if the recipient is discharged from the nursing home or hospital and  
24 returns to live in the home.

1           **\*-1295/2.12\* SECTION 1488.** 49.496 (3) (a) (intro.) of the statutes is amended  
2 to read:

3           49.496 (3) (a) (intro.) Except as provided in par. (b), the department shall file  
4 a claim against the estate of a recipient ~~or against the estate of the surviving spouse~~  
5 ~~of a recipient~~ for all of the following unless already recovered by the department  
6 under this section:

7           **\*-1295/2.13\* SECTION 1489.** 49.496 (3) (a) 1. of the statutes is amended to read:  
8           49.496 (3) (a) 1. The amount of medical assistance paid on behalf of the  
9 recipient while the recipient resided in a nursing home or while the recipient was an  
10 inpatient in a ~~medical institution~~ hospital and was required to contribute to the cost  
11 of care.

12           **\*-1295/2.14\* SECTION 1490.** 49.496 (3) (a) 2. a. of the statutes is amended to  
13 read:

14           49.496 (3) (a) 2. a. Home-based or community-based services under 42 USC  
15 1396d (a) (7) and (8) and under any waiver granted under 42 USC 1396n (c) (4) (B)  
16 or 42 USC 1396u.

17           **\*-1295/2.15\* SECTION 1491.** 49.496 (3) (a) 2. d. of the statutes is created to  
18 read:

19           49.496 (3) (a) 2. d. Personal care services under s. 49.46 (2) (b) 6. j.

20           **\*-1295/2.16\* SECTION 1492.** 49.496 (3) (am) (intro.) of the statutes is amended  
21 to read:

22           49.496 (3) (am) (intro.) The court shall reduce the amount of a claim under par.  
23 (a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the  
24 recipient's heirs or the beneficiaries of the recipient's will to retain the following  
25 personal property:

1           **\*-1295/2.17\* SECTION 1493.** 49.496 (3) (am) 3. of the statutes is amended to  
2 read:

3           49.496 (3) (am) 3. Other tangible personal property not used in trade,  
4 agriculture or other business, not to exceed \$1,000 in value the amount specified in  
5 s. 861.33 (1) (a) 4.

6           **\*-1295/2.18\* SECTION 1494.** 49.496 (3) (b) of the statutes is amended to read:  
7           49.496 (3) (b) A claim under par. (a) is not allowable if while the decedent has  
8 a surviving child who is under age 21 or disabled or a surviving spouse.

9           **\*-0260/2.3\* SECTION 1495.** 49.496 (3) (c) of the statutes is renumbered 49.496  
10 (3) (c) 1. and amended to read:

11           49.496 (3) (c) 1. If the department's claim is not allowable because of par. (b)  
12 and the estate includes an interest in a home, the court exercising probate  
13 jurisdiction shall, in the final judgment or summary findings and order, assign the  
14 interest in the home subject to a lien in favor of the department for the amount  
15 described in par. (a). The personal representative or petitioner for summary  
16 settlement or summary assignment of the estate shall record the final judgment as  
17 provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).

18           **\*-0260/2.4\* SECTION 1496.** 49.496 (3) (c) 2. of the statutes is created to read:

19           49.496 (3) (c) 2. If the department's claim is not allowable because of par. (b),  
20 the estate includes an interest in a home and the personal representative closes the  
21 estate by sworn statement under s. 865.16, the personal representative shall  
22 stipulate in the statement that the home is assigned subject to a lien in favor of the  
23 department for the amount described in par. (a). The personal representative shall  
24 record the statement in the same manner as described in s. 863.29, as if the  
25 statement were a final judgment.

1           **\*-1295/2.19\* SECTION 1497.** 49.496 (3) (f) of the statutes is created to read:

2           49.496 (3) (f) The department may contract with or employ an attorney to  
3           probate estates to recover under this subsection the costs of care.

4           **\*-0028/6.74\* SECTION 1498.** 49.496 (5) of the statutes is amended to read:

5           49.496 (5) USE OF FUNDS. From the appropriation under s. 20.435 (5) (4) (im),  
6           the department shall pay the amount of the payments under sub. (4) that is not paid  
7           from federal funds, shall pay to the federal government the amount of the funds  
8           recovered under this section equal to the amount of federal funds used to pay the  
9           benefits recovered under this section and shall spend the remainder of the funds  
10          recovered under this section for medical assistance benefits under this subchapter.

11          **\*-0033/1.2\* SECTION 1499.** 49.499 (intro.) of the statutes, as affected by 1997  
12          Wisconsin Act 27, is renumbered 49.499 (1) (intro.).

13          **\*-0033/1.3\* SECTION 1500.** 49.499 (1) to (3) of the statutes are renumbered  
14          49.499 (1) (a) to (c).

15          **\*-0033/1.4\* SECTION 1501.** 49.499 (2m) of the statutes is created to read:

16          49.499 (2m) From the appropriation under s. 20.435 (6) (g), the department  
17          may distribute funds for innovative projects designed to protect the health and  
18          property of a resident in a nursing facility, as defined in s. 49.498 (1) (i).

19          **\*-1967/2.1\* SECTION 1502.** 49.665 (1) (a) of the statutes is renumbered 49.665  
20          (1) (e) and amended to read:

21          49.665 (1) (e) "~~Custodial parent~~ Parent" has the meaning given in s. 49.141 (1)  
22          (b) (j).

23          **\*-1967/2.2\* SECTION 1503.** 49.665 (1) (b) of the statutes is repealed and  
24          recreated to read:

25          49.665 (1) (b) "Child" means a person who is under the age of 19.

1           **\*-1967/2.3\* SECTION 1504.** 49.665 (1) (d) of the statutes is amended to read:

2           49.665 (1) (d) "Family" means a unit that consists of at least one ~~dependent~~  
3 child and his or her ~~custodial~~ parent or parents, all of whom reside in the same  
4 household. "Family" includes the spouse of an individual who is a ~~custodial~~ parent  
5 if the spouse resides in the same household as the individual.

6           **\*-1967/2.4\* SECTION 1505.** 49.665 (1) (f) of the statutes is created to read:

7           49.665 (1) (f) "State plan" means the state child health plan under 42 USC  
8 1397aa (b).

9           **\*-1967/2.5\* SECTION 1506.** 49.665 (3) of the statutes is amended to read:

10          49.665 (3) ADMINISTRATION. The department shall administer a program to  
11 provide the health services and benefits described in s. 49.46 (2) to ~~families~~ persons  
12 that meet the eligibility requirements specified in sub. (4). The department shall  
13 promulgate rules setting forth the application procedures and appeal and grievance  
14 procedures. The department may promulgate rules limiting access to the program  
15 under this section to defined enrollment periods. The department may also  
16 promulgate rules establishing a method by which the department may purchase  
17 family coverage offered by the employer of a member of an eligible family or by a  
18 member of a child's household under circumstances in which the department  
19 determines that purchasing that coverage would not be more costly than providing  
20 the coverage under this section.

21          **\*-1967/2.6\* SECTION 1507.** 49.665 (4) (a) 1. of the statutes is amended to read:

22          49.665 (4) (a) 1. The family's income does not exceed 185% of the poverty line,  
23 except as provided in par. (at) and except that a family that is already receiving  
24 health care coverage under this section may have an income that does not exceed

1 200% of the poverty line. The department shall establish by rule the criteria to be  
2 used to determine income.

3 **\*-1967/2.7\* SECTION 1508.** 49.665 (4) (am) of the statutes is created to read:

4 49.665 (4) (am) A child who does not reside with his or her parent is eligible  
5 for health care coverage under this section if the child meets all of the following  
6 requirements:

7 1. The child's income does not exceed 185% of the poverty line, except as  
8 provided in par. (at) and except that a child that is already receiving health care  
9 coverage under this section may have an income that does not exceed 200% of the  
10 poverty line. The department shall use the criteria established under par. (a) 1. to  
11 determine income under this subdivision.

12 2. The child does not have access to employer-subsidized health care coverage.

13 3. The child has not had access to employer-subsidized health care coverage  
14 within the time period established by the department under par. (a) 3. The  
15 department may establish exceptions to this subdivision.

16 4. The child meets all other requirements established by the department by  
17 rule. In establishing other eligibility criteria, the department may not include any  
18 health condition requirements.

19 **\*-1967/2.8\* SECTION 1509.** 49.665 (4) (at) of the statutes is created to read:

20 49.665 (4) (at) 1. The department shall establish by state plan amendment a  
21 lower maximum income level for the initial eligibility determination if funding under  
22 s. 20.435 (5) (bc), (jz) and (p) is insufficient to accommodate the projected enrollment  
23 levels for the health care program under this section. The adjustment may not be  
24 greater than necessary to ensure sufficient funding.



1           2. If, after the department has established a lower maximum income level  
2 under subd. 1., projections indicate that funding under s. 20.435 (5) (bc), (jz) and (p)  
3 is sufficient to raise the level, the department shall, by state plan amendment, raise  
4 the maximum income level for initial eligibility, but not to exceed 185% of the poverty  
5 line.

6           3. The department may not adjust the maximum income level of 200% of the  
7 poverty line for persons already receiving health care coverage under this section.

8           \*~~1967/2.9~~\* **SECTION 1510.** 49.665 (4) (b) of the statutes is amended to read:

9           49.665 (4) (b) Notwithstanding fulfillment of the eligibility requirements  
10 under this subsection, ~~a family~~ no person is not entitled to health care coverage under  
11 this section.

12           \*~~1967/2.10~~\* **SECTION 1511.** 49.665 (4) (c) of the statutes is amended to read:

13           49.665 (4) (c) No ~~family~~ person may be denied health care coverage under this  
14 section solely because of a health condition of that person or of any family member  
15 of that person.

16           \*~~1967/2.11~~\* **SECTION 1512.** 49.665 (5) (a) of the statutes is amended to read:

17           49.665 (5) (a) Except as provided in par. (b), a family ~~that, or child who does~~  
18 not reside with his or her parent, who receives health care coverage under this  
19 section shall pay a percentage of the cost of that coverage in accordance with a  
20 schedule established by the department by rule. If the schedule established by the  
21 department requires a family, or child who does not reside with his or her parent, to  
22 contribute more than 3% of the family's or child's income towards the cost of the  
23 health care coverage provided under this section, the department shall submit the  
24 schedule to the joint committee on finance for review and approval of the schedule.  
25 If the cochairpersons of the joint committee on finance do not notify the department

1 within 14 working days after the date of the department's submittal of the schedule  
2 that the committee has scheduled a meeting to review the schedule, the department  
3 may implement the schedule. If, within 14 days after the date of the department's  
4 submittal of the schedule, the cochairpersons of the committee notify the department  
5 that the committee has scheduled a meeting to review the schedule, the department  
6 may not require a family, or child who does not reside with his or her parent, to  
7 contribute more than 3% of the family's or child's income unless the joint committee  
8 on finance approves the schedule. The joint committee on finance may not approve  
9 and the department may not implement a schedule that requires a family or child  
10 to contribute more than 3.5% of the family's or child's income towards the cost of the  
11 health care coverage provided under this section.

12 **\*-1967/2.12\* SECTION 1513.** 49.665 (5) (b) of the statutes is amended to read:

13 49.665 (5) (b) The department may not require a family, or child who does not  
14 reside with his or her parent, with an income below ~~143%~~ 150% of the poverty line  
15 to contribute to the cost of health care coverage provided under this section.

16 **\*-1295/2.20\* SECTION 1514.** 49.682 (2) (c) (intro.) of the statutes is amended  
17 to read:

18 49.682 (2) (c) (intro.) The court shall reduce the amount of a claim under par.  
19 (a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the  
20 client's heirs or the beneficiaries of the client's will to retain the following personal  
21 property:

22 **\*-1295/2.21\* SECTION 1515.** 49.682 (2) (c) 3. of the statutes is amended to read:

23 49.682 (2) (c) 3. Other tangible personal property not used in trade, agriculture  
24 or other business, not to exceed \$1,000 in value the amount specified in s. 861.33 (1)  
25 (a) 4.

1           **\*-0260/2.5\* SECTION 1516.** 49.682 (2) (e) of the statutes is renumbered 49.682  
2 (2) (e) 1. and amended to read:

3           49.682 (2) (e) 1. If the department's claim is not allowable because of par. (d)  
4 and the estate includes an interest in a home, the court exercising probate  
5 jurisdiction shall, in the final judgment or summary findings and order, assign the  
6 interest in the home subject to a lien in favor of the department for the amount  
7 described in par. (a). The personal representative or petitioner for summary  
8 settlement or summary assignment of the estate shall record the final judgment as  
9 provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).

10           **\*-0260/2.6\* SECTION 1517.** 49.682 (2) (e) 2. of the statutes is created to read:

11           49.682 (2) (e) 2. If the department's claim is not allowable because of par. (d),  
12 the estate includes an interest in a home and the personal representative closes the  
13 estate by sworn statement under s. 865.16, the personal representative shall  
14 stipulate in the statement that the home is assigned subject to a lien in favor of the  
15 department for the amount described in par. (a). The personal representative shall  
16 record the statement in the same manner as described in s. 863.29, as if the  
17 statement were a final judgment.

18           **\*-1295/2.22\* SECTION 1518.** 49.682 (6) of the statutes is created to read:

19           49.682 (6) The department may contract with or employ an attorney to probate  
20 estates to recover under this section the costs of care.

21           **\*-0028/6.75\* SECTION 1519.** 49.683 (2) of the statutes is amended to read:

22           49.683 (2) Approved costs for medical care under sub. (1) shall be paid from the  
23 appropriation under s. 20.435 ~~(5)~~ (4) (e).

24           **\*-0028/6.76\* SECTION 1520.** 49.687 (2) of the statutes is amended to read:

1           49.687 (2) The department shall develop and implement a sliding scale of  
2     patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.  
3     49.683 and hemophilia treatment under s. 49.685, based on the patient's ability to  
4     pay for treatment. To ensure that the needs for treatment of patients with lower  
5     incomes receive priority within the availability of funds under s. 20.435 (5) (4) (c),  
6     the department shall revise the sliding scale for patient liability by January 1, 1994,  
7     and shall, every 3 years thereafter by January 1, review and, if necessary, revise the  
8     sliding scale.

9           \***-1003/4.1\*** SECTION 1521. 49.775 (4) of the statutes is amended to read:

10          49.775 (4) PAYMENT AMOUNT. The payment under sub. (2) is ~~\$100~~ \$150 per  
11     month per dependent child.

12          \***-1098/3.22\*** SECTION 1522. 49.85 (2) (a) of the statutes is amended to read:

13          49.85 (2) (a) At least annually, the department of health and family services  
14     shall certify to the department of revenue the amounts that, based on the  
15     notifications received under sub. (1) and on other information received by the  
16     department of health and family services, the department of health and family  
17     services has determined that it may recover under s. 49.45(2)(a) 10. or 49.497, except  
18     that the department of health and family services may not certify an amount under  
19     this subsection unless it has met the notice requirements under sub. (3) and unless  
20     its determination has either not been appealed or is no longer under appeal.

21          \***-1098/3.23\*** SECTION 1523. 49.85 (3) (a) 1. of the statutes is amended to read:

22          49.85 (3) (a) 1. Inform the person that the department of health and family  
23     services intends to certify to the department of revenue an amount that the  
24     department of health and family services has determined to be due under s. 49.45  
25     (2)(a) 10. or 49.497, for setoff from any state tax refund that may be due the person.

1           **\*-0589/1.18\* SECTION 1524.** 49.855 (7) of the statutes is repealed.

2           **\*-0265/1.1\* SECTION 1525.** 49.89 (2) of the statutes is amended to read:

3           49.89 (2) SUBROGATION. The department of health and family services, the  
4           department of workforce development, a county or an elected tribal governing body  
5           that provides any public assistance under this chapter or under s. 253.05 as a result  
6           of the occurrence of an injury, sickness or death that creates a claim or cause of action,  
7           whether in tort or contract, on the part of a public assistance recipient or beneficiary  
8           or the estate of a recipient or beneficiary against a 3rd party, including an insurer,  
9           is subrogated to the rights of the recipient, beneficiary or estate and may make a  
10          claim or maintain an action or intervene in a claim or action by the recipient,  
11          beneficiary or estate against the 3rd party. Subrogation under this subsection  
12          because of the provision of medical assistance under subch. IV constitutes a lien,  
13          equal to the amount of the medical assistance provided as a result of the injury,  
14          sickness or death that gave rise to the claim. The lien is on any lump sum payment  
15          resulting from a judgment or settlement that may be due the obligor. A lien under  
16          this subsection continues until it is released and discharged by the department of  
17          health and family services.

18          **\*-0265/1.2\* SECTION 1526.** 49.89 (3m) (bm) of the statutes is created to read:

19          49.89 (3m) (bm) A person against whom a claim that is subrogated under sub.  
20          (2) or assigned under sub. (3) is made, or that person's attorney or insurer, shall  
21          provide notice under par. (c), if that person, attorney or insurer knows, or could  
22          reasonably determine, that the claimant is a recipient or former recipient of medical  
23          assistance under subch. IV, or is the estate of a former recipient of medical assistance  
24          under subch. IV.

25          **\*-1186/3.36\* SECTION 1527.** 49.89 (7) (c) of the statutes is amended to read:

1        49.89 (7) (c) The incentive payment shall be an amount equal to 15% of the  
2        amount recovered because of benefits paid under s. 49.19, ~~49.20, s. 49.20, 1997 stats.,~~  
3        ~~and~~ 49.30 or 253.05. The incentive payment shall be taken from the state share of  
4        the sum recovered, except that the incentive payment for an amount recovered  
5        because of benefits paid under s. 49.19 shall be considered an administrative cost  
6        under s. 49.19 for the purpose of claiming federal funding.

7        **\*-0030/P4.76\* SECTION 1528.** 50.01 (6h) of the statutes is created to read:

8        50.01 (6h) "Secretary" means the secretary of health and family services.

9        **\*-0030/P4.77\* SECTION 1529.** 50.02 (2) (d) of the statutes is created to read:

10       50.02 (2) (d) The department shall promulgate rules that prescribe the time  
11       periods and the methods of providing information specified in ss. 50.033 (2r) and (2s),  
12       50.034 (5m) and (5n), 50.035 (4m) and (4n) and 50.04 (2g) (a) and (2h) (a).

13       **\*-1098/3.24\* SECTION 1530.** 50.03 (13) (a) of the statutes is amended to read:

14       50.03 (13) (a) *New license.* Whenever ownership of a facility is transferred from  
15       the person or persons named in the license to any other person or persons, the  
16       transferee must obtain a new license. The license may be a probationary license.  
17       Penalties under sub. (1) shall apply to violations of this subsection. The transferee  
18       shall notify the department of the transfer, file an application under sub. (3) (b) and  
19       apply for a new license at least 30 days prior to final transfer. Retention of any  
20       interest required to be disclosed under sub. (3) (b) after transfer by any person who  
21       held such an interest prior to transfer may constitute grounds for denial of a license  
22       where violations of this subchapter for which notice had been given to the transferor  
23       are outstanding and uncorrected, if the department determines that effective control  
24       over operation of the facility has not been transferred. If the transferor was a

1 provider under s. 49.43 (10), the transferee and transferor shall comply with s. 49.45  
2 (21).

3 **\*-0321/5.3\* SECTION 1531.** 50.033 (2) of the statutes is amended to read:

4 50.033 (2) REGULATION. Standards for operation of licensed adult family homes  
5 and procedures for application for licensure, monitoring, inspection, revocation and  
6 appeal of revocation under this section shall be under rules promulgated by the  
7 department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until  
8 revoked under this section. Licensure is not transferable. The biennial licensure fee  
9 for a licensed adult family home is ~~\$75~~ \$142.50. The fee is payable to the county  
10 department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county department  
11 licenses the adult family home under sub. (1m) (b), and is payable to the department,  
12 on a schedule determined by the department if the department licenses the adult  
13 family home under sub. (1m) (b).

14 **\*-0030/P4.78\* SECTION 1532.** 50.033 (2r) of the statutes is created to read:

15 50.033 (2r) PROVISION OF INFORMATION REQUIRED. Subject to sub. (2t), an adult  
16 family home shall, within the time period after inquiry by a prospective resident that  
17 is prescribed by the department by rule, inform the prospective resident of the  
18 services of a resource center under s. 46.283, the family care benefit under s. 46.286  
19 and the availability of a functional and financial screen to determine the prospective  
20 resident's eligibility for the family care benefit under s. 46.286 (1).

21 **\*-0030/P4.79\* SECTION 1533.** 50.033 (2s) of the statutes is created to read:

22 50.033 (2s) REQUIRED REFERRAL. Subject to sub. (2t), an adult family home shall,  
23 within the time period prescribed by the department by rule, refer to a resource  
24 center under s. 46.283 a person who is seeking admission, who is at least 65 years

1 of age or has a physical disability and whose disability or condition is expected to last  
2 at least 90 days, unless any of the following applies:

3 (a) The person has received a screen for functional eligibility under s. 46.286  
4 (1) (a) within the previous 6 months.

5 (b) The person is entering the adult family home only for respite care.

6 (c) The person is an enrollee of a care management organization.

7 **\*-0030/P4.80\* SECTION 1534.** 50.033 (2t) of the statutes is created to read:

8 50.033 (2t) APPLICABILITY. Subsections (2r) and (2s) apply only if the secretary  
9 has certified under s. 46.281 (3) that a resource center is available for the adult family  
10 home and for specified groups of eligible individuals that include those persons  
11 seeking admission to or the residents of the adult family home.

12 **\*-0030/P4.81\* SECTION 1535.** 50.034 (5m) of the statutes is created to read:

13 50.034 (5m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (5p), a  
14 residential care apartment complex shall, within the time period after inquiry by a  
15 prospective resident that is prescribed by the department by rule, inform the  
16 prospective resident of the services of a resource center under s. 46.283, the family  
17 care benefit under s. 46.286 and the availability of a functional and financial screen  
18 to determine the prospective resident's eligibility for the family care benefit under  
19 s. 46.286 (1).

20 **\*-0030/P4.82\* SECTION 1536.** 50.034 (5n) of the statutes is created to read:

21 50.034 (5n) REQUIRED REFERRAL. Subject to sub. (5p), a residential care  
22 apartment complex shall, within the time period prescribed by the department by  
23 rule, refer to a resource center under s. 46.283 a person who is seeking admission,  
24 who is at least 65 years of age or has a physical disability and whose disability or  
25 condition is expected to last at least 90 days, unless any of the following applies:



1 (a) The person has received a screen for functional eligibility under s. 46.286  
2 (1) (a) within the previous 6 months.

3 (b) The person is entering the residential care apartment complex only for  
4 respite care.

5 (c) The person is an enrollee of a care management organization.

6 **\*-0030/P4.83\* SECTION 1537.** 50.034 (5p) of the statutes is created to read:

7 50.034 (5p) APPLICABILITY. Subsections (5m) and (5n) apply only if the secretary  
8 has certified under s. 46.281 (3) that a resource center is available for the residential  
9 care apartment complex and for specified groups of eligible individuals that include  
10 those person seeking admission to or the residents of the residential care apartment  
11 complex.

12 **\*-0030/P4.84\* SECTION 1538.** 50.034 (8) of the statutes is created to read:

13 50.034 (8) FORFEITURES. (a) Whoever violates sub. (5m) or (5n) or rules  
14 promulgated under sub. (5m) or (5n) may be required to forfeit not more than \$500  
15 for each violation.

16 (b) The department may directly assess forfeitures provided for under par. (a).  
17 If the department determines that a forfeiture should be assessed for a particular  
18 violation, it shall send a notice of assessment to the residential care apartment  
19 complex. The notice shall specify the amount of the forfeiture assessed, the violation  
20 and the statute or rule alleged to have been violated, and shall inform the residential  
21 care apartment complex of the right to a hearing under par. (c).

22 (c) A residential care apartment complex may contest an assessment of a  
23 forfeiture by sending, within 10 days after receipt of notice under par. (b), a written  
24 request for a hearing under s. 227.44 to the division of hearings and appeals created  
25 under s. 15.103 (1). The administrator of the division may designate a hearing

1 examiner to preside over the case and recommend a decision to the administrator  
2 under s. 227.46. The decision of the administrator of the division shall be the final  
3 administrative decision. The division shall commence the hearing within 30 days  
4 after receipt of the request for a hearing and shall issue a final decision within 15  
5 days after the close of the hearing. Proceedings before the division are governed by  
6 ch. 227. In any petition for judicial review of a decision by the division, the party,  
7 other than the petitioner, who was in the proceeding before the division shall be the  
8 named respondent.

9 (d) All forfeitures shall be paid to the department within 10 days after receipt  
10 of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days  
11 after receipt of the final decision after exhaustion of administrative review, unless  
12 the final decision is appealed and the order is stayed by court order. The department  
13 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

14 (e) The attorney general may bring an action in the name of the state to collect  
15 any forfeiture imposed under this section if the forfeiture has not been paid following  
16 the exhaustion of all administrative and judicial reviews. The only issue to be  
17 contested in any such action shall be whether the forfeiture has been paid.

18 **\*-0030/P4.85\* SECTION 1539.** 50.035 (4m) of the statutes is created to read:

19 50.035 (4m) PROVISION OF INFORMATION REQUIRED. Subject to sub. (4p), a  
20 community-based residential facility shall, within the time period after inquiry by  
21 a prospective resident that is prescribed by the department by rule, inform the  
22 prospective resident of the services of a resource center under s. 46.283, the family  
23 care benefit under s. 46.286 and the availability of a functional and financial screen  
24 to determine the prospective resident's eligibility for the family care benefit under  
25 s. 46.286 (1).

1           **\*-0030/P4.86\* SECTION 1540.** 50.035 (4n) of the statutes is created to read:

2           50.035 (4n) REQUIRED REFERRAL. Subject to sub. (4p), a community-based  
3           residential facility shall, within the time period prescribed by the department by  
4           rule, refer to a resource center under s. 46.283 a person who is seeking admission,  
5           who is at least 65 years of age or has a physical disability and whose disability or  
6           condition is expected to last at least 90 days, unless any of the following applies:

7           (a) The person has received a screen for functional eligibility under s. 46.286  
8           (1) (a) within the previous 6 months.

9           (b) The person is entering the community-based residential facility only for  
10          respite care.

11          (c) The person is an enrollee of a care management organization.

12           **\*-0030/P4.87\* SECTION 1541.** 50.035 (4p) of the statutes is created to read:

13          50.035 (4p) APPLICABILITY. Subsections (4m) and (4n) apply only if the secretary  
14          has certified under s. 46.281 (3) that a resource center is available for the  
15          community-based residential facility and for specified groups of eligible individuals  
16          that include those persons seeking admission to or the residents of the  
17          community-based residential facility.

18           **\*-0327/1.4\* SECTION 1542.** 50.035 (7) (c) of the statutes is amended to read:

19          50.035 (7) (c) If the date estimated under par. (a) 2. is less than 24 months after  
20          the date of the individual's statement of financial condition, the community-based  
21          residential facility shall provide the statement to the county department under s.  
22          46.215 or 46.22 and shall refer the potential resident to the county department to  
23          determine whether an assessment under s. 46.27 (6) should be conducted.

24           **\*-0030/P4.88\* SECTION 1543.** 50.035 (8) of the statutes is repealed.

25           **\*-0030/P4.89\* SECTION 1544.** 50.035 (11) of the statutes is created to read:

1           50.035 (11) FORFEITURES. (a) Whoever violates sub. (4m) or (4n) or rules  
2 promulgated under sub. (4m) or (4n) may be required to forfeit not more than \$500  
3 for each violation.

4           (b) The department may directly assess forfeitures provided for under par. (a).  
5 If the department determines that a forfeiture should be assessed for a particular  
6 violation, it shall send a notice of assessment to the community-based residential  
7 facility. The notice shall specify the amount of the forfeiture assessed, the violation  
8 and the statute or rule alleged to have been violated, and shall inform the licensee  
9 of the right to a hearing under par. (c).

10          (c) A community-based residential facility may contest an assessment of a  
11 forfeiture by sending, within 10 days after receipt of notice under par. (b), a written  
12 request for a hearing under s. 227.44 to the division of hearings and appeals created  
13 under s. 15.103 (1). The administrator of the division may designate a hearing  
14 examiner to preside over the case and recommend a decision to the administrator  
15 under s. 227.46. The decision of the administrator of the division shall be the final  
16 administrative decision. The division shall commence the hearing within 30 days  
17 after receipt of the request for a hearing and shall issue a final decision within 15  
18 days after the close of the hearing. Proceedings before the division are governed by  
19 ch. 227. In any petition for judicial review of a decision by the division, the party,  
20 other than the petitioner, who was in the proceeding before the division shall be the  
21 named respondent.

22          (d) All forfeitures shall be paid to the department within 10 days after receipt  
23 of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days  
24 after receipt of the final decision after exhaustion of administrative review, unless

1 the final decision is appealed and the order is stayed by court order. The department  
2 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

3 (e) The attorney general may bring an action in the name of the state to collect  
4 any forfeiture imposed under this section if the forfeiture has not been paid following  
5 the exhaustion of all administrative and judicial reviews. The only issue to be  
6 contested in any such action shall be whether the forfeiture has been paid.

7 **\*-0321/5.4\* SECTION 1545.** 50.037 (2) (a) of the statutes is amended to read:  
8 50.037 (2) (a) The biennial fee for a community-based residential facility is  
9 ~~\$170~~ \$323, plus a biennial fee of ~~\$22~~ \$41.80 per resident, based on the number of  
10 residents that the facility is licensed to serve.

11 **\*-0030/P4.90\* SECTION 1546.** 50.04 (2g) of the statutes is created to read:  
12 50.04 (2g) PROVISION OF INFORMATION REQUIRED. (a) Subject to sub. (2i), a  
13 nursing home shall, within the time period after inquiry by a prospective resident  
14 that is prescribed by the department by rule, inform the prospective resident of the  
15 services of a resource center under s. 46.283, the family care benefit under s. 46.286  
16 and the availability of a functional and financial screen to determine the prospective  
17 resident's eligibility for the family care benefit under s. 46.286 (1).

18 (b) Failure to comply with this subsection is a class "C" violation under sub. (4)

19 (b) 3.

20 **\*-0030/P4.91\* SECTION 1547.** 50.04 (2h) of the statutes is created to read:  
21 50.04 (2h) REQUIRED REFERRAL. (a) Subject to sub. (2i), a nursing home shall,  
22 within the time period prescribed by the department by rule, refer to a resource  
23 center under s. 46.283 a person who is seeking admission, who is at least 65 years  
24 of age or has developmental disability or physical disability and whose disability or  
25 condition is expected to last at least 90 days, unless any of the following applies:

1           1. The person has received a screen for functional eligibility under s. 46.286 (1)  
2           (a) within the previous 6 months.

3           2. The person is seeking admission to the nursing home only for respite care.

4           3. The person is an enrollee of a care management organization.

5           (b) Failure to comply with this subsection is a class "C" violation under sub. (4)  
6           (b) 3.

7           **\*-0030/P4.92\* SECTION 1548.** 50.04 (2i) of the statutes is created to read:

8           50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary  
9           has certified under s. 46.281 (3) that a resource center is available for the nursing  
10          home and for specified groups of eligible individuals that include those persons  
11          seeking admission to or the residents of the nursing home.

12          **\*-0030/P4.93\* SECTION 1549.** 50.04 (2m) of the statutes is renumbered 50.04  
13          (2m) (a) and amended to read:

14          50.04 (2m) (a) ~~No~~ Except as provided in par. (b), no nursing home may admit  
15          any patient until a physician has completed a plan of care for the patient and the  
16          patient is assessed or the patient is exempt from or waives assessment under s. 46.27  
17          (6) (a) ~~or 46.271 (2m) (a) 2.~~ Failure to comply with this subsection is a class "C"  
18          violation under sub. (4) (b) 3.

19          **\*-0030/P4.94\* SECTION 1550.** 50.04 (2m) (b) of the statutes is created to read:

20          50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the  
21          secretary has certified under s. 46.281 (3) that a resource center is available.

22          **\*-0030/P4.95\* SECTION 1551.** 50.06 (7) of the statutes is amended to read:

23          50.06 (7) (a) An individual who consents to an admission under this section  
24          may request that an assessment be conducted for the incapacitated individual under  
25          the long-term support community options program under s. 46.27 (6) or, if the

1 secretary has certified under s. 46.281 (3) that a resource center is available for the  
2 individual, a functional and financial screen to determine eligibility for the family  
3 care benefit under s. 46.286 (1).

4       **\*-1059/2.9\* SECTION 1552.** 50.065 (2) (a) (intro.) of the statutes is amended to  
5 read:

6       50.065 (2) (a) (intro.) Notwithstanding s. 111.335, and except as provided in  
7 sub. (5), if the department knows or should know any of the following, the  
8 department may not license, certify, issue a certificate of approval to or register a  
9 person to operate an entity or continue the license, certification, certificate of  
10 approval or registration of a person to operate an entity ~~if the department knows or~~  
11 ~~should have known any of the following:~~

12       **\*-1059/2.10\* SECTION 1553.** 50.065 (2) (ag) (intro.) of the statutes is amended  
13 to read:

14       50.065 (2) (ag) (intro.) Notwithstanding s. 111.335, and except as provided in  
15 sub. (5), if an entity knows or should know any of the following, the entity may not  
16 hire or contract with a person who will be under the entity's control, as defined by  
17 the department by rule, and who is expected to ~~have access to its clients, or provide~~  
18 to clients of the entity direct care that is more intensive than negligible care in  
19 quantity or quality or in amount of time required to provide the care; or the entity  
20 may not permit to reside at the entity a person who is not a client and who is expected  
21 to have access to a client, ~~if the entity knows or should have known any of the~~  
22 ~~following:~~

23       **\*-1059/2.11\* SECTION 1554.** 50.065 (2) (ag) (intro.) of the statutes, as affected  
24 by 1997 Wisconsin Act 27, section 2059f, and 1999 Wisconsin Act .... (this act), is  
25 repealed and recreated to read:

1           50.065 (2) (ag) (intro.) Notwithstanding s. 111.335, and except as provided in  
2           sub. (5), if an entity knows or should have known any of the following, the entity may  
3           not employ or contract with a person who will be under the entity's control, as defined  
4           by the department by rule, and who provides to clients of the entity, or is expected  
5           to provide to them, direct care that is more intensive than negligible care in quantity  
6           or quality or in the amount of time required to provide the care; or the entity may not  
7           permit to reside at the entity a person who is not a client and who has, or is expected  
8           to have, access to a client:

9           **\*-1059/2.12\* SECTION 1555.** 50.065 (2) (b) 1. (intro.) of the statutes is amended  
10          to read:

11          50.065 (2) (b) 1. (intro.) Subject to subds. 1. e. ~~and 2.~~ and par. (bd), every entity  
12          shall obtain all of the following with respect to a person specified under par. (ag)  
13          (intro.) who is an employe or contractor or a prospective employe or contractor of the  
14          entity:

15          **\*-1059/2.13\* SECTION 1556.** 50.065 (2) (b) 2. of the statutes is repealed.

16          **\*-1059/2.14\* SECTION 1557.** 50.065 (6) (am) 1. of the statutes is amended to  
17          read:

18          50.065 (6) (am) 1. A person who is an employe, prospective employe, contractor  
19          or prospective contractor of the entity, who will be under the entity's control and who  
20          ~~has, or is expected to have, access to its clients, other than a person specified in sub.~~  
21          ~~(2) (b) 2 provides to clients of the entity, or is expected to provide to them, direct care~~  
22          that is more intensive than negligible care in quantity or quality or in the amount  
23          of time required to provide the care.

24          **\*-0333/1.3\* SECTION 1558.** 50.065 (8) of the statutes is amended to read:



1        50.065 (8) The department may charge a fee for obtaining the information  
2        required under sub. (2) (am) or (3) (a). The fee or for providing information to an  
3        entity to enable the entity to comply with sub. (2) (b) 1. or (3) (b). The department  
4        may also charge a fee to a person who requests to demonstrate to the department  
5        under sub. (5) that he or she has been rehabilitated. Fees charged under this  
6        subsection may not exceed the reasonable cost of obtaining the information. No fee  
7        may be charged to a nurse's assistant, as defined in s. 146.40 (1) (d), for obtaining or  
8        maintaining the information if to do so would be inconsistent with federal law.

9        \*~~-0183/1.11~~\* SECTION 1559. 50.135 (1) of the statutes is amended to read:

10       50.135 (1) DEFINITION. In this section, "inpatient health care facility" means  
11       any hospital, nursing home, county home, county mental hospital, ~~tuberculosis~~  
12       ~~sanatorium~~ or other place licensed or approved by the department under ss. 49.70,  
13       49.71, 49.72, 50.02, 50.03, 50.35, 51.08, and 51.09, ~~58.06, 252.073 and 252.076~~, but  
14       does not include community-based residential facilities.

15       \*~~-0028/6.77~~\* SECTION 1560. 50.135 (2) (c) of the statutes is amended to read:

16       50.135 (2) (c) The fees collected under par. (a) shall be credited to the  
17       appropriations under s. 20.435 ~~(4)~~ (4) (gm) and (6) (jm) as specified in those  
18       appropriations for licensing, review and certifying activities.

19       \*~~-0030/P4.96~~\* SECTION 1561. 50.36 (2) (c) of the statutes is created to read:

20       50.36 (2) (c) The department shall promulgate rules that require that a  
21       hospital, before discharging a patient who is aged 65 or older or who has  
22       developmental disability or physical disability and whose disability or condition  
23       requires long-term care that is expected to last at least 90 days, refer the patient to  
24       the resource center under s. 46.283. The rules shall specify that this requirement  
25       applies only if the secretary has certified under s. 46.281 (3) that a resource center

1 is available for the hospital and for specified groups of eligible individuals that  
2 include persons seeking admission to or patients of the hospital.

3 **\*-0030/P4.97\* SECTION 1562.** 50.38 of the statutes is created to read:

4 **50.38 Forfeitures.** (1) Whoever violates rules promulgated under s. 50.36 (2)  
5 (c) may be required to forfeit not more than \$500 for each violation.

6 (2) The department may directly assess forfeitures provided for under sub. (1).  
7 If the department determines that a forfeiture should be assessed for a particular  
8 violation, the department shall send a notice of assessment to the hospital. The  
9 notice shall specify the amount of the forfeiture assessed, the violation and the  
10 statute or rule alleged to have been violated, and shall inform the hospital of the right  
11 to a hearing under sub. (3).

12 (3) A hospital may contest an assessment of a forfeiture by sending, within 10  
13 days after receipt of notice under sub. (2), a written request for a hearing under s.  
14 227.44 to the division of hearings and appeals created under s. 15.103 (1). The  
15 administrator of the division may designate a hearing examiner to preside over the  
16 case and recommend a decision to the administrator under s. 227.46. The decision  
17 of the administrator of the division shall be the final administrative decision. The  
18 division shall commence the hearing within 30 days after receipt of the request for  
19 a hearing and shall issue a final decision within 15 days after the close of the hearing.  
20 Proceedings before the division are governed by ch. 227. In any petition for judicial  
21 review of a decision by the division, the party, other than the petitioner, who was in  
22 the proceeding before the division shall be the named respondent.

23 (4) All forfeitures shall be paid to the department within 10 days after receipt  
24 of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days  
25 after receipt of the final decision after exhaustion of administrative review, unless

1 the final decision is appealed and the order is stayed by court order. The department  
2 shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

3 (5) The attorney general may bring an action in the name of the state to collect  
4 any forfeiture imposed under this section if the forfeiture has not been paid following  
5 the exhaustion of all administrative and judicial reviews. The only issue to be  
6 contested in any such action shall be whether the forfeiture has been paid.

7 **\*-0183/1.12\* SECTION 1563.** 50.39 (2) of the statutes is amended to read:

8 50.39 (2) The use of the title “hospital” to represent or identify any facility  
9 which does not meet the definition of a “hospital” as provided herein or is not subject  
10 to approval under ss. 50.32 to 50.39 is prohibited, except that institutions governed  
11 by ss. ~~51.09 and 252.073~~ are exempt.

12 **\*-0183/1.13\* SECTION 1564.** 50.39 (3) of the statutes is amended to read:

13 50.39 (3) Facilities governed by ss. 45.365, 48.62, 49.70, 49.72, 50.02, 51.09,  
14 ~~58.06, 252.073, 252.076~~ and 252.10, secured correctional facilities as defined in s.  
15 938.02 (15m), correctional institutions governed by the department of corrections  
16 under s. 301.02 and the offices and clinics of persons licensed to treat the sick under  
17 chs. 446, 447 and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do  
18 not abridge the rights of the medical examining board, physical therapists affiliated  
19 credentialing board, podiatrists affiliated credentialing board, dentistry examining  
20 board, pharmacy examining board, chiropractic examining board and board of  
21 nursing in carrying out their statutory duties and responsibilities.

22 **\*-0026/1.1\* SECTION 1565.** 50.49 (2) (b) of the statutes is amended to read:

23 50.49 (2) (b) The department shall, by rule, set a license fee to be paid by home  
24 health agencies. ~~The fee shall be based on the annual net income, as determined by~~  
25 ~~the department, of a home health agency.~~

1           **\*-0030/P4.98\* SECTION 1566.** 50.49 (4) of the statutes is amended to read:

2           50.49 (4) LICENSING, INSPECTION AND REGULATION. The Except as provided in sub.  
3           (6m), the department may register, license, inspect and regulate home health  
4           agencies as provided in this section. The department shall ensure, in its inspections  
5           of home health agencies, that a sampling of records from private pay patients are  
6           reviewed. The department shall select the patients who shall receive home visits as  
7           a part of the inspection. Results of the inspections shall be made available to the  
8           public at each of the regional offices of the department.

9           **\*-0030/P4.99\* SECTION 1567.** 50.49 (6m) of the statutes is created to read:

10          50.49 (6m) EXCEPTIONS. None of the following is required to be licensed as a  
11          home health agency under sub. (4), regardless of whether any of the following  
12          provides services that are similar to services provided by a home health agency:

13           (a) A care management organization, as defined in s. 46.2805 (1).

14           (b) A program specified in s. 46.2805 (1) (a).

15           (c) A demonstration program specified in s. 46.2805 (1) (b).

16          **\*-0326/3.1\* SECTION 1568.** 51.03 (1) of the statutes is renumbered 51.03 (1r).

17          **\*-0326/3.2\* SECTION 1569.** 51.03 (1g) of the statutes is created to read:

18          51.03 (1g) In this section:

19           (a) "Early intervention" means action to hinder or alter a person's mental  
20          disorder or abuse of alcohol or other drugs in order to reduce the duration of early  
21          symptoms or to reduce the duration or severity of mental illness or alcohol or other  
22          drug abuse that may result.

23           (b) "Individualized service planning" means a process under which a person  
24          with mental illness or who abuses alcohol or other drugs and, if a child, his or her  
25          family, receives information, education and skills to enable the person to participate

1 mutually and creatively with his or her mental health or alcohol or other drug abuse  
2 service provider in identifying his or her personal goals and developing his or her  
3 assessment, crisis protocol, treatment and treatment plan. “Individualized service  
4 planning” is tailored to the person and is based on his or her strengths, abilities and  
5 needs.

6 (c) “Prevention” means action to reduce the instance, delay the onset or lessen  
7 the severity of mental disorder, before the disorders may progress to mental illness,  
8 by reducing risk factors for, enhancing protections against and promptly treating  
9 early warning signs of mental disorder.

10 (d) “Recovery” means the process of a person’s growth and improvement,  
11 despite a history of mental illness or alcohol or other drug abuse, in attitudes,  
12 feelings, values, goals, skills and behavior and is measured by a decrease in  
13 dysfunctional symptoms and an increase in maintaining the person’s highest level  
14 of health, wellness, stability, self-determination and self-sufficiency.

15 (e) “Stigma” means disqualification from social acceptance, derogation,  
16 marginalization and ostracism encountered by persons with mental illness or  
17 persons who abuse alcohol or other drugs as the result of societal negative attitudes,  
18 feelings, perceptions, representations and acts of discrimination.

19 **\*-0326/3.3\* SECTION 1570.** 51.03 (4) of the statutes is created to read:

20 51.03 (4) Within the limits of available state and federal funds, the department  
21 may do all of the following:

22 (a) Promote the creation of coalitions among the state, counties, providers of  
23 mental health and alcohol and other drug abuse services, consumers of the services  
24 and their families and advocates for persons with mental illness and for alcoholic and  
25 drug dependent persons to develop, coordinate and provide a full range of resources

1 to advance prevention; early intervention; treatment; recovery; safe and affordable  
2 housing; opportunities for education, employment and recreation; family and peer  
3 support; self-help; and the safety and well-being of communities.

4 (b) In cooperation with counties, providers of mental health and alcohol and  
5 other drug abuse services, consumers of the services, interested community  
6 members and advocates for persons with mental illness and for alcoholic and drug  
7 dependent persons, develop and implement a comprehensive strategy to reduce  
8 stigma of and discrimination against persons with mental illness, alcoholics and  
9 drug dependent persons.

10 (c) Develop and implement a comprehensive strategy to involve counties,  
11 providers of mental health and alcohol and other drug abuse services, consumers of  
12 the services and their families, interested community members and advocates for  
13 persons with mental illness and for alcoholic and drug dependent persons as equal  
14 participants in service system planning and delivery.

15 (d) Promote responsible stewardship of human and fiscal resources in the  
16 provision of mental health and alcohol and other drug abuse services.

17 (e) Develop and implement methods to identify and measure outcomes for  
18 consumers of mental health and alcohol and other drug abuse services.

19 (f) Promote access to appropriate mental health and alcohol and other drug  
20 abuse services regardless of a person's geographic location, age, degree of mental  
21 illness, alcoholism or drug dependency or availability of personal financial resources.

22 (g) Promote consumer decision making to enable persons with mental illness  
23 and alcohol or drug dependency to be more self-sufficient.

24 (h) Promote use by providers of mental health and alcohol and other drug abuse  
25 services of individualized service planning, under which the providers develop

1 written individualized service plans that promote treatment and recovery, together  
2 with service consumers, families of service consumers who are children and  
3 advocates chosen by consumers.

4 **\*-0326/3.4\* SECTION 1571.** 51.03 (5) of the statutes is created to read:

5 51.03 (5) The department shall ensure that providers of mental health and  
6 alcohol and other drug abuse services who use individualized service plans, as  
7 specified in sub. (4) (h), do all of the following in using a plan:

8 (a) Establish meaningful and measurable goals for the consumer.

9 (b) Base the plan on a comprehensive assessment of the consumer's strengths,  
10 abilities, needs and preferences.

11 (c) Keep the plan current.

12 (d) Modify the plan as necessary.

13 **\*-0025/1.1\* SECTION 1572.** 51.06 (1) (d) of the statutes is amended to read:

14 51.06 (1) (d) ~~At the southern center for developmentally disabled, services~~  
15 Services for up to 10 36 individuals with developmental disability who are also  
16 diagnosed as mentally ill or who exhibit extremely aggressive and challenging  
17 behaviors ~~and at the northern center for developmentally disabled, services for up~~  
18 ~~to 12 such individuals.~~

19 **\*-0023/3.3\* SECTION 1573.** 51.07 (3) of the statutes is amended to read:

20 51.07 (3) The department may provide outpatient services only to patients  
21 contracted for with county departments under ss. 51.42 and 51.437 in accordance  
22 with s. 46.03 (18), except for those patients whom the department finds to be  
23 nonresidents of this state and ~~those patients specified in sub. (4) (a)~~ persons receiving  
24 services under contracts under s. 46.043. The full and actual cost less applicable  
25 collections of services contracted for with county departments under s. 51.42 or

1 51.437 shall be charged to the respective county department under s. 51.42 or 51.437.

2 The state shall provide the services required for patient care only if no outpatient  
3 services are funded by the department in the county or group of counties served by  
4 the respective county department under s. 51.42 or 51.437.

5 **\*-0023/3.4\* SECTION 1574.** 51.07 (4) of the statutes is amended repealed.

6 **\*-0689/2.1\* SECTION 1575.** 51.15 (1) (a) 5. c. of the statutes is repealed.

7 **\*-0689/2.2\* SECTION 1576.** 51.15 (1) (c) 4. of the statutes is repealed.

8 **\*-0689/2.3\* SECTION 1577.** 51.20 (1) (a) 2. e. of the statutes is amended to read:

9 51.20 (1) (a) 2. e. For an individual, other than an individual who is alleged to  
10 be drug dependent or developmentally disabled, after the advantages and  
11 disadvantages of and alternatives to accepting a particular medication or treatment  
12 have been explained to him or her and because of mental illness, evidences either  
13 incapability of expressing an understanding of the advantages and disadvantages of  
14 accepting medication or treatment and the alternatives, or substantial incapability  
15 of applying an understanding of the advantages, disadvantages and alternatives to  
16 his or her mental illness in order to make an informed choice as to whether to accept  
17 or refuse medication or treatment; and evidences a substantial probability, as  
18 demonstrated by both the individual's treatment history and his or her recent acts  
19 or omissions, that the individual needs care or treatment to prevent further  
20 disability or deterioration and a substantial probability that he or she will, if left  
21 untreated, lack services necessary for his or her health or safety and suffer severe  
22 mental, emotional or physical harm that will result in the loss of the individual's  
23 ability to function independently in the community or the loss of cognitive or  
24 volitional control over his or her thoughts or actions. The probability of suffering  
25 severe mental, emotional or physical harm is not substantial under this subd. 2. e.



1 if reasonable provision for the individual's care or treatment is available in the  
2 community and there is a reasonable probability that the individual will avail  
3 himself or herself of these services or if the individual is appropriate for protective  
4 placement under s. 55.06. Food, shelter or other care that is provided to an individual  
5 who is substantially incapable of obtaining food, shelter or other care for himself or  
6 herself by any person other than a treatment facility does not constitute reasonable  
7 provision for the individual's care or treatment in the community under this subd.

8 2. e. The individual's status as a minor does not automatically establish a substantial  
9 probability of suffering severe mental, emotional or physical harm under this subd.

10 2.e. ~~This subd. 2. e. does not apply after November 30, 2001.~~

11 \*~~0689/2.4~~\* **SECTION 1578.** 51.20 (1) (ad) 3. of the statutes is repealed.

12 \*~~0689/2.5~~\* **SECTION 1579.** 51.20 (10) (cm) 1. of the statutes is renumbered  
13 51.20 (10) (cm) and amended to read:

14 51.20 (10) (cm) Prior to or at the final hearing, for individuals for whom a  
15 petition is filed under sub. (1)(a) 2. e., the county department under s. 51.42 or 51.437  
16 shall furnish to the court and the subject individual an initial recommended written  
17 treatment plan that contains the goals of treatment, the type of treatment to be  
18 provided and the expected providers. The treatment plan shall address the  
19 individual's needs for inpatient care, residential services, community support  
20 services, medication and its monitoring, case management, and other services to  
21 enable the person to live in the community upon release from an inpatient facility.  
22 The treatment plan shall contain information concerning the availability of the  
23 needed services and community treatment providers' acceptance of the individual  
24 into their programs. The treatment plan is only a recommendation and is not subject  
25 to approval or disapproval by the court. Failure to furnish a treatment plan under

1 this ~~subdivision~~ paragraph does not constitute grounds for dismissal of the petition  
2 unless the failure is made in bad faith.

3 **\*-0689/2.6\* SECTION 1580.** 51.20 (10) (cm) 2. of the statutes is repealed.

4 **\*-0112/2.1\* SECTION 1581.** 51.20 (13) (g) 1. of the statutes is amended to read:

5 51.20 (13) (g) 1. Except as provided in ~~subd.~~ subds. 2., 2f. and 2g., the first order  
6 of commitment of a subject individual under this section may be for a period not to  
7 exceed 6 months, and all subsequent consecutive orders of commitment of the  
8 individual may be for a period not to exceed one year.

9 **\*-0689/2.7\* SECTION 1582.** 51.20 (13) (g) 2d. c. of the statutes is repealed.

10 **\*-0112/2.2\* SECTION 1583.** 51.20 (13) (g) 2f. of the statutes is created to read:

11 51.20 (13) (g) 2f. Any order of commitment of a subject individual under par.  
12 (a) 4., following proof of the allegations under sub. (1) (ar), may be for a period not  
13 to exceed one year.

14 **\*-0112/2.3\* SECTION 1584.** 51.20 (13) (g) 2g. of the statutes is amended to read:

15 51.20 (13) (g) 2g. The total period a person may be committed pursuant to  
16 commitments ordered under par. (a) ~~4. or 4m.~~, following proof of the allegations  
17 under sub. (1) ~~(ar) or (av)~~, may not exceed 180 days in any 365-day period.

18 **\*-0112/2.4\* SECTION 1585.** 51.20 (13) (g) 2m. of the statutes is amended to  
19 read:

20 51.20 (13) (g) 2m. In addition to the provisions under subds. 1., 2., 2f. and 2g.,  
21 no commitment ordered under par. (a) 4. or 4m. may continue beyond the inmate's  
22 date of release on parole or extended supervision, as determined under s. 302.11 or  
23 302.113, whichever is applicable.

24 **\*-0112/2.5\* SECTION 1586.** 51.20 (13) (g) 2r. of the statutes is amended to read:

1           51.20 (13) (g) 2r. Twenty-one days prior to expiration of the period of  
2       commitment under subd. 1., 2., 2f., 2g. or 2m., the department, if the individual is  
3       committed to the department, or the county department to which an individual is  
4       committed shall file an evaluation of the individual and the recommendation of the  
5       department or county department regarding the individual's recommitment with the  
6       committing court and provide a copy of the evaluation and recommendation to the  
7       individual's counsel and the counsel designated under sub. (4). If the date for filing  
8       an evaluation and recommendation under this subdivision falls on a Saturday,  
9       Sunday or legal holiday, the date which is not a Saturday, Sunday or legal holiday  
10      and which most closely precedes the evaluation and recommendation filing date  
11      shall be the filing date. A failure of the department or the county department to  
12      which an individual is committed to file an evaluation and recommendation under  
13      this subdivision does not affect the jurisdiction of the court over a petition for  
14      recommitment.

15           \***-0030/P4.100\*** **SECTION 1587.** 51.42 (3) (ar) 17. of the statutes is created to  
16      read:

17           51.42 (3) (ar) 17. If authorized under s. 46.283 (1)(a) 1., apply to the department  
18      of health and family services to operate a resource center under s. 46.283 and, if the  
19      department contracts with the county under s. 46.283 (2), operate the resource  
20      center.

21           \***-0030/P4.101\*** **SECTION 1588.** 51.42 (3) (ar) 18. of the statutes is created to  
22      read:

23           51.42 (3) (ar) 18. If authorized under s. 46.284 (1)(a) 1., apply to the department  
24      of health and family services to operate a care management organization under s.

1 46.284 and, if the department contracts with the county under s. 46.284 (2), operate  
2 the care management organization and, if appropriate, place funds in a risk reserve.

3 **\*-1173/1.1\* SECTION 1589.** 51.42 (3) (as) 3. of the statutes is amended to read:

4 51.42 (3) (as) 3. Care, services and supplies provided after December 31, 1973,  
5 to any person who, on December 31, 1973, was in or under the supervision of a mental  
6 health institute, or was receiving mental health services in a facility authorized by  
7 s. 51.08 or 51.09, but was not admitted to a mental health institute by the  
8 department of health and family services, shall be charged to the county department  
9 of community programs which was responsible for such care and services at the place  
10 where the patient resided when admitted to the institution. The department of  
11 health and family services ~~shall~~ may bill county departments of community  
12 programs for care provided at the mental health institutes at rates which ~~reflects the~~  
13 ~~estimated per diem cost of specific levels of care, to be adjusted periodically by the~~  
14 department of health and family services sets on a flexible basis, except that this  
15 flexible rate structure shall cover the cost of operations of the mental health  
16 institutes.

17 **\*-0284/2.6\* SECTION 1590.** 51.42 (3) (aw) 1. d. of the statutes is amended to  
18 read:

19 51.42 (3) (aw) 1. d. Provide treatment and services that are specified in a  
20 conditional release plan approved by a court for a person who is a county resident and  
21 is conditionally released under s. 971.17 (3) or (4) or that are specified in a supervised  
22 release plan approved by a court under s. 980.06 (2) ~~(e)~~ (cr) or 980.08 (5) (d). If the  
23 county department provides treatment and services under this subdivision, the  
24 department of health and family services shall, from the appropriation under s.  
25 20.435 (2) (bj), pay the county department for the costs of the treatment and services.

1           **\*-0030/P4.102\* SECTION 1591.** 51.42 (3) (e) of the statutes is amended to read:

2           51.42 (3) (e) *Exchange of information.* Notwithstanding ss. 46.2895 (9), 48.78  
3           (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07  
4           (3) (c) and 938.78 (2) (a), any subunit of a county department of community programs  
5           acting under this section may exchange confidential information about a client,  
6           without the informed consent of the client, with any other subunit of the same county  
7           department of community programs, with a resource center, care management  
8           organization or family care district, or with any person providing services to the  
9           client under a purchase of services contract with the county department of  
10          community programs or with a resource center, care management organization or  
11          family care district, if necessary to enable an employe or service provider to perform  
12          his or her duties, or to enable the county department of community programs to  
13          coordinate the delivery of services to the client.

14          **\*-0271/3.10\* SECTION 1592.** 51.423 (1) of the statutes is amended to read:

15          51.423 (1) The department shall fund, within the limits of the department's  
16          allocation for mental health services under s. 20.435 (3) (o) and (7) (b), (kw), (kz) and  
17          (o) and subject to this section, services for mental illness, developmental disability,  
18          alcoholism and drug abuse to meet standards of service quality and accessibility. The  
19          department's primary responsibility is to guarantee that county departments  
20          established under either s. 51.42 or 51.437 receive a reasonably uniform minimum  
21          level of funding and its secondary responsibility is to fund programs which meet  
22          exceptional community needs or provide specialized or innovative services. Moneys  
23          appropriated under s. 20.435 (7) (b) and earmarked by the department for mental  
24          health services under s. 20.435 (7) (o) shall be allocated by the department to county  
25          departments under s. 51.42 or 51.437 in the manner set forth in this section.

1           **\*-0271/3.11\* SECTION 1593.** 51.423 (2) of the statutes is amended to read:

2           51.423 (2) From the appropriations under s. 20.435 (3) (o) and (7) (b), (kw), (kz)  
3           and (o), the department shall distribute the funding for services provided or  
4           purchased by county departments under s. 46.23, 51.42 or 51.437 to such county  
5           departments as provided under s. 46.40. County matching funds are required for the  
6           distributions under s. 46.40 (2). Each county's required match for a year equals  
7           9.89% of the total of the county's distributions for that year for which matching funds  
8           are required plus the amount the county was required by s. 46.26 (2) (c), 1985 stats.,  
9           to spend for juvenile delinquency-related services from its distribution for 1987.  
10          Matching funds may be from county tax levies, federal and state revenue sharing  
11          funds or private donations to the counties that meet the requirements specified in  
12          sub. (5). Private donations may not exceed 25% of the total county match. If the  
13          county match is less than the amount required to generate the full amount of state  
14          and federal funds distributed for this period, the decrease in the amount of state and  
15          federal funds equals the difference between the required and the actual amount of  
16          county matching funds.

17          **\*-0275/4.10\* SECTION 1594.** 51.423 (2) of the statutes is amended to read:

18          51.423 (2) From the appropriations under s. 20.435 (3) (o) and (7) (b), (kw) and  
19          (o), the department shall distribute the funding for services provided or purchased  
20          by county departments under s. 46.23, 51.42 or 51.437 to such county departments  
21          as provided under s. 46.40. County matching funds are required for the distributions  
22          under s. 46.40 (2) and (9) (b). Each county's required match for the distributions  
23          under s. 46.40 (2) for a year equals 9.89% of the total of the county's distributions  
24          under s. 46.40 (2) for that year for which matching funds are required plus the  
25          amount the county was required by s. 46.26 (2) (c), 1985 stats., to spend for juvenile

1 delinquency-related services from its distribution for 1987. Each county's required  
2 match for the distribution under s. 46.40 (9) (b) for a year equals 9.89% of that  
3 county's amounts described in s. 46.40 (9) (a) (intro.) for that year. Matching funds  
4 may be from county tax levies, federal and state revenue sharing funds or private  
5 donations to the counties that meet the requirements specified in sub. (5). Private  
6 donations may not exceed 25% of the total county match. If the county match is less  
7 than the amount required to generate the full amount of state and federal funds  
8 distributed for this period, the decrease in the amount of state and federal funds  
9 equals the difference between the required and the actual amount of county  
10 matching funds.

11 **\*-0275/4.11\* SECTION 1595.** 51.423 (2m) of the statutes is created to read:

12 51.423 (2m) The department shall pay any performance-based distribution  
13 under s. 46.40 (2) earned by a county department under s. 46.23, 51.42 or 51.437 by  
14 December 31 of the year after the year in which the performance-based distribution  
15 was earned. The county department may expend that distribution for any purpose  
16 specified in s. 20.435 (7) (b).

17 **\*-0030/P4.103\* SECTION 1596.** 51.437 (4m) (n) of the statutes is created to  
18 read:

19 51.437 (4m) (n) If authorized under s. 46.283 (1) (a) 1., apply to the department  
20 of health and family services to operate a resource center under s. 46.283 and, if the  
21 department contracts with the county under s. 46.283 (2), operate the resource  
22 center.

23 **\*-0030/P4.104\* SECTION 1597.** 51.437 (4m) (p) of the statutes is created to  
24 read:

1           51.437 (4m) (p) If authorized under s. 46.284 (1) (a) 1., apply to the department  
2 of health and family services to operate a care management organization under s.  
3 46.284 and, if the department contracts with the county under s. 46.284 (2), operate  
4 the care management organization and, if appropriate, place funds in a risk reserve.

5           **\*-0030/P4.105\* SECTION 1598.** 51.437 (4r) (b) of the statutes is amended to  
6 read:

7           51.437 (4r) (b) Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83,  
8 51.30, 51.45 (14) (a), 55.06 (17) (c), 146.82, 252.11 (7), 253.07 (3) (c) and 938.78 (2) (a),  
9 any subunit of the county department of developmental disabilities services acting  
10 under this section may exchange confidential information about a client, without the  
11 informed consent of the client, with any other subunit of the same county department  
12 of developmental disabilities services, with a resource center, care management  
13 organization or family care district, or with any person providing services to the  
14 client under a purchase of services contract with the county department of  
15 developmental disabilities services or with a resource center, care management  
16 organization or family care district, if necessary to enable an employe or service  
17 provider to perform his or her duties, or to enable the county department of  
18 developmental disabilities services to coordinate the delivery of services to the client.

19           **\*-0277/3.11\* SECTION 1599.** 51.45 (5) of the statutes is repealed.

20           **\*-0689/2.8\* SECTION 1600.** 51.61 (1) (g) 3m. of the statutes is amended to read:

21           51.61 (1) (g) 3m. Following a final commitment order for a subject individual  
22 who is determined to meet the commitment standard under s. 51.20 (1) (a) 2. e., the  
23 court shall issue an order permitting medication or treatment to be administered to  
24 the individual regardless of his or her consent. ~~This subdivision does not apply after~~  
25 ~~November 30, 2001.~~



1       \***-0183/1.14\*** SECTION 1601. 58.06 of the statutes is repealed.

2       \***-0063/1.2\*** SECTION 1602. 59.25 (3) (f) 2. of the statutes is amended to read:

3       59.25 (3) (f) 2. For all court imposed fines and forfeitures required by law to be  
4       deposited in the state treasury, the amounts required by s. 165.87 for the penalty  
5       assessment surcharge, the amounts required by s. 165.755 for the crime laboratories  
6       and drug law enforcement assessment, the amounts required by s. 167.31 (5) for the  
7       weapons assessment, the amounts required by s. 973.045 for the crime victim and  
8       witness assistance surcharge, the amounts required by s. 938.34 (8d) for the  
9       delinquency victim and witness assistance surcharge, the amounts required by s.  
10      973.046 for the deoxyribonucleic acid analysis surcharge, the amounts required by  
11      s. 961.41 (5) for the drug abuse program improvement surcharge, the amounts  
12      required by s. 100.261 for the consumer information assessment, the amounts  
13      authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 (1) for the domestic abuse  
14      assessment, the amounts required by s. 253.06 (4) (c) for the enforcement assessment  
15      under the supplemental food program for women, infants and children, the amounts  
16      required by ss. 346.177, 346.495 and 346.65 (4r) for the railroad crossing  
17      improvement assessment, the amounts required by s. 346.655 (2) (a) and (b) for the  
18      driver improvement surcharge, the amounts required by s. 102.85 (4) for the  
19      uninsured employer assessment, the amounts required by s. 299.93 for the  
20      environmental assessment, the amounts required by s. 29.983 for the wild animal  
21      protection assessment, the amounts required by s. 29.987 for the natural resources  
22      assessment surcharge, the amounts required by s. 29.985 for the fishing shelter  
23      removal assessment, the amounts required by s. 350.115 for the snowmobile  
24      registration restitution payment and the amounts required by s. 29.989 for natural  
25      resources restitution payments, transmit to the state treasurer a statement of all

1 moneys required by law to be paid on the actions entered during the preceding month  
2 on or before the first day of the next succeeding month, certified by the county  
3 treasurer's personal signature affixed or attached thereto, and at the same time pay  
4 to the state treasurer the amount thereof.

5 **\*-1265/5.24\* SECTION 1603.** 59.25 (3) (f) 2. of the statutes is amended to read:

6 59.25 (3) (f) 2. For all court imposed fines and forfeitures required by law to be  
7 deposited in the state treasury, the amounts required by s. ~~165.87~~ 757.05 for the  
8 penalty assessment surcharge, the amounts required by s. 165.755 for the crime  
9 laboratories and drug law enforcement assessment, the amounts required by s.  
10 167.31 (5) for the weapons assessment, the amounts required by s. 973.045 for the  
11 crime victim and witness assistance surcharge, the amounts required by s. 938.34  
12 (8d) for the delinquency victim and witness assistance surcharge, the amounts  
13 required by s. 973.046 for the deoxyribonucleic acid analysis surcharge, the amounts  
14 required by s. 961.41 (5) for the drug abuse program improvement surcharge, the  
15 amounts authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 (1) for the  
16 domestic abuse assessment, the amounts required by s. 253.06 (4) (c) for the  
17 enforcement assessment under the supplemental food program for women, infants  
18 and children, the amounts required by ss. 346.177, 346.495 and 346.65 (4r) for the  
19 railroad crossing improvement assessment, the amounts required by s. 346.655 (2)  
20 (a) and (b) for the driver improvement surcharge, the amounts required by s. 102.85  
21 (4) for the uninsured employer assessment, the amounts required by s. 299.93 for the  
22 environmental assessment, the amounts required by s. 29.983 for the wild animal  
23 protection assessment, the amounts required by s. 29.987 for the natural resources  
24 assessment surcharge, the amounts required by s. 29.985 for the fishing shelter  
25 removal assessment, the amounts required by s. 350.115 for the snowmobile

1 registration restitution payment and the amounts required by s. 29.989 for natural  
2 resources restitution payments, transmit to the state treasurer a statement of all  
3 moneys required by law to be paid on the actions entered during the preceding month  
4 on or before the first day of the next succeeding month, certified by the county  
5 treasurer's personal signature affixed or attached thereto, and at the same time pay  
6 to the state treasurer the amount thereof.

7 **\*-0063/1.3\* SECTION 1604.** 59.40 (2) (m) of the statutes is amended to read:

8 59.40 (2) (m) Pay monthly to the treasurer for the use of the state the state's  
9 percentage of the fees required to be paid on each civil action, criminal action and  
10 special proceeding filed during the preceding month and pay monthly to the  
11 treasurer for the use of the state the percentage of court imposed fines and forfeitures  
12 required by law to be deposited in the state treasury, the amounts required by s.  
13 165.87 (2) (b) for the penalty assessment surcharge, the amounts required by s.  
14 165.755 for the crime laboratories and drug law enforcement assessment, the  
15 amounts required by s. 167.31 (5) for the weapons assessment, the amounts required  
16 by s. 973.045 for the crime victim and witness assistance surcharge, the amounts  
17 required by s. 938.34 (8d) for the delinquency victim and witness assistance  
18 surcharge, the amounts required by s. 973.046 for the deoxyribonucleic acid analysis  
19 surcharge, the amounts required by s. 961.41 (5) for the drug abuse program  
20 improvement surcharge, the amounts required by s. 100.261 for the consumer  
21 information assessment, the amounts authorized by s. 971.37 (1m) (c) 1. or required  
22 by s. 973.055 for the domestic abuse assessment surcharge, the amounts required by  
23 s. 253.06 (4) (c) for the enforcement assessment under the supplemental food  
24 program for women, infants and children, the amounts required by ss. 346.177,  
25 346.495 and 346.65 (4r) for the railroad crossing improvement assessment, the

1 amounts required by s. 346.655 for the driver improvement surcharge, the amounts  
2 required by s. 102.85 (4) for the uninsured employer assessment, the amounts  
3 required by s. 299.93 for the environmental assessment, the amounts required under  
4 s. 29.983 for the wild animal protection assessment, the amounts required under s.  
5 29.987 (1) (d) for the natural resources assessment surcharge, the amounts required  
6 by s. 29.985 for the fishing shelter removal assessment, the amounts required by s.  
7 350.115 for the snowmobile registration restitution payment and the amounts  
8 required under s. 29.989 (1) (d) for the natural resources restitution payments. The  
9 payments shall be made by the 15th day of the month following receipt thereof.

10 \***-1265/5.25\*** SECTION 1605. 59.40 (2) (m) of the statutes is amended to read:

11 59.40 (2) (m) Pay monthly to the treasurer for the use of the state the state's  
12 percentage of the fees required to be paid on each civil action, criminal action and  
13 special proceeding filed during the preceding month and pay monthly to the  
14 treasurer for the use of the state the percentage of court imposed fines and forfeitures  
15 required by law to be deposited in the state treasury, the amounts required by s.  
16 ~~165.87 (2) (b)~~ 757.05 for the penalty assessment surcharge, the amounts required by  
17 s. 165.755 for the crime laboratories and drug law enforcement assessment, the  
18 amounts required by s. 167.31 (5) for the weapons assessment, the amounts required  
19 by s. 973.045 for the crime victim and witness assistance surcharge, the amounts  
20 required by s. 938.34 (8d) for the delinquency victim and witness assistance  
21 surcharge, the amounts required by s. 973.046 for the deoxyribonucleic acid analysis  
22 surcharge, the amounts required by s. 961.41 (5) for the drug abuse program  
23 improvement surcharge, the amounts authorized by s. 971.37 (1m) (c) 1. or required  
24 by s. 973.055 for the domestic abuse assessment surcharge, the amounts required by  
25 s. 253.06 (4) (c) for the enforcement assessment under the supplemental food

1 program for women, infants and children, the amounts required by ss. 346.177,  
2 346.495 and 346.65 (4r) for the railroad crossing improvement assessment, the  
3 amounts required by s. 346.655 for the driver improvement surcharge, the amounts  
4 required by s. 102.85 (4) for the uninsured employer assessment, the amounts  
5 required by s. 299.93 for the environmental assessment, the amounts required under  
6 s. 29.983 for the wild animal protection assessment, the amounts required under s.  
7 29.987 (1) (d) for the natural resources assessment surcharge, the amounts required  
8 by s. 29.985 for the fishing shelter removal assessment, the amounts required by s.  
9 350.115 for the snowmobile registration restitution payment and the amounts  
10 required under s. 29.989 (1) (d) for the natural resources restitution payments. The  
11 payments shall be made by the 15th day of the month following receipt thereof.

12 **\*-1265/5.26\* SECTION 1606.** 59.54 (12) of the statutes is repealed.

\*\*\*NOTE: This draft repeals s. 59.54 (12), stats., because of the repeal of s. 165.90,  
stats. If s. 165.90, stats., is not repealed this SECTION should be deleted.

13 **\*-1256/P4.1\* SECTION 1607.** 59.69 (3) (a) of the statutes is amended to read:

14 59.69 (3) (a) The county zoning agency shall direct the preparation of a county  
15 development plan or parts thereof for the physical development of the  
16 unincorporated territory within the county and areas within incorporated  
17 jurisdictions whose governing bodies by resolution agree to having their areas  
18 included in the county's development plan. The plan may be adopted in whole or in  
19 part and may be amended by the board and endorsed by the governing bodies of  
20 incorporated jurisdictions included in the plan. The county development plan, in  
21 whole or in part, in its original form or as amended, is hereafter referred to as the  
22 development plan. The development plan shall contain at least the elements  
23 described in s. 66.0295.